

Attendance Record – Professional Practice Breadth of Experience

Trainee Name:

You will need to provide signed evidence of attendance at your **Professional Practice Enhancement** setting.

Please use this form and ask the training co-ordinator to confirm that you attended and insert the details below.

Week One

Week Two

	Tick if attended	Date	Day	Tick attended	Date
Monday			Monday		
Tuesday			Tuesday		
Wednesday			Wednesday		
Thursday			Thursday		
Friday			Friday		

Week Three		Date	Week Four		
Monday			Monday		
Tuesday			Tuesday		
Wednesday			Wednesday		
Thursday			Thursday		
Friday			Friday		

Total hours attended (required): _____

Total days attended (required): _____

I confirm that the trainee identified above attended **Professional Practice Enhancement** on the dates identified.

Professional Placement Organisation name:

Coordinator name (please print):.....

Coordinator signature:.....

Date.....

Important note: Edge Hill University is unable to process payments for Professional Practice Enhancements without receipt of this form, signed and fully completed with the total hours attended and the total days attended.

Thank you for supporting our trainee with this valuable opportunity.