

**STUDY PROGRAMMES WORK PLACEMENT ATTENDANCE RECORD**

**Learner Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Placement Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Week Commencing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | **A(Absent)S(Sick) P(Present)** | **Attendance Times** | |
|  |  | Start | Finish |
| Monday | | |  |  |  |
| Tuesday | | |  |  |  |
| Wednesday | | |  |  |  |
| Thursday | | |  |  |  |
| Friday | | |  |  |  |
| Saturday | | |  |  |  |
| Sunday | | |  |  |  |

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Learner Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Employer)**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notes for Employer**

1. **In the first column enter: P (at placement), S (off sick), A (absent).**
2. **Collect learner signature and employer to sign form.**
3. **Email the completed form to the relevant mailbox below.**

[CLSKT&AStudyProg@kent.gov.uk](mailto:CLSKT&AStudyProg@kent.gov.uk)

1. **Or post to:** Freepost RTXZ-YXKY-UJXX

KT&A

Kent County Council – Community Learning & Skills

Unit A-B London Road Trading Estate

London Road, Sittingbourne, Kent ME10 1SX