

Student attendance (to be completed by supervising staff)

Name		Hospital		Placement	
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Week beginning: -

	Monday	Tuesday	Wednesday	Thursday	Friday
A.M.					
P.M.					

Week beginning: -

	Monday	Tuesday	Wednesday	Thursday	Friday
A.M.					
P.M.					

Week beginning: -

	Monday	Tuesday	Wednesday	Thursday	Friday
A.M.					
P.M.					

Week beginning: -

	Monday	Tuesday	Wednesday	Thursday	Friday
A.M.					
P.M.					

Week beginning: -

	Monday	Tuesday	Wednesday	Thursday	Friday
A.M.					
P.M.					

KEY - Please sign to indicate attendance otherwise use the relevant code to give reason for absence:
 S/L : Sick Leave C/L : Compassionate Leave REC : Recreational Half-day
 R/L : Requested leave A.W.O.L. – Absent Without Leave M/A : Medical appointment

PLEASE NOTE: IT IS THE STUDENT’S RESPONSIBILITY TO ENSURE THIS FORM IS COMPLETED CORRECTLY. FAILURE TO COMPLETE OR SUBMIT ATTENDANCE RECORDS WILL RESULT IN THE STUDENT BEING RECORDED AS ABSENT FOR THOSE PERIODS.