**PRACTICE HOURS**

***Please start a new page per placement***

***To be completed as per your local University Requirements***

**Please ensure all details are printed CLEARLY and sickness days identified. All hours completed, alterations and totals should be initialled by a member of staff**

|  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **Date** | **Placement** | **Total Hrs** | **Staff**  **Initials** | **Shift Type** |  | **Date** | **Placement** | **Total Hrs** | **Staff**  **Initials** | **Shift Type** |
| Example of hours confirmation | | | | | | Sun | 1/7/19 | Pixie Ward | 7.5 | FF | E |
| Mon |  |  |  |  |  | Mon |  |  |  |  |  |
| Tue |  |  |  |  |  | Tue |  |  |  |  |  |
| Wed |  |  |  |  |  | Wed |  |  |  |  |  |
| Thu |  |  |  |  |  | Thu |  |  |  |  |  |
| Fri |  |  |  |  |  | Fri |  |  |  |  |  |
| Sat |  |  |  |  |  | Sat |  |  |  |  |  |
| Sun |  |  |  |  |  | Sun |  |  |  |  |  |
|  |  | **Weekly Total =** |  |  |  |  |  | **Weekly Total =** |  |  |  |
| Mon |  |  |  |  |  | Mon |  |  |  |  |  |
| Tue |  |  |  |  |  | Tue |  |  |  |  |  |
| Wed |  |  |  |  |  | Wed |  |  |  |  |  |
| Thu |  |  |  |  |  | Thu |  |  |  |  |  |
| Fri |  |  |  |  |  | Fri |  |  |  |  |  |
| Sat |  |  |  |  |  | Sat |  |  |  |  |  |
| Sun |  |  |  |  |  | Sun |  |  |  |  |  |
|  |  | **Weekly Total =** |  |  |  |  |  | **Weekly Total =** |  |  |  |
| Mon |  |  |  |  |  | Mon |  |  |  |  |  |
| Tue |  |  |  |  |  | Tue |  |  |  |  |  |
| Wed |  |  |  |  |  | Wed |  |  |  |  |  |
| Thu |  |  |  |  |  | Thu |  |  |  |  |  |
| Fri |  |  |  |  |  | Fri |  |  |  |  |  |
| Sat |  |  |  |  |  | Sat |  |  |  |  |  |
| Sun |  |  |  |  |  | Sun |  |  |  |  |  |
|  |  | **Weekly Total =** |  |  |  |  |  | **Weekly Total =** |  |  |  |

|  |
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| **Total hours of completed practice on this page Figures Words**  **Total hours of sickness/absence on this page Figures Words**  **Staff Member:** I have checked the hours of experience recorded by the student:  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Staff Member) Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Placement Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Declaration by Student:** I confirm that the hours recorded on this sheet are a true and accurate account of the shifts I have worked.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student) Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**It is expected that the student will work a range of shifts to meet NMC requirements.**

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| Shift Codes - D = Day Shift N = Night Shift S = Sickness A = Absent |