**
Monthly Training and Attendance Record**For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (month) \_\_\_\_\_\_\_\_\_\_\_\_\_ (year)

**Name of apprentice: Supervisor:**

**Placement:**

**Current Aim (please circle as appropriate):**

ACWA Dog Grooming 2 / 3 Horse Care *2 / 3* Veterinary Nursing

**Absences this month: Sick:  Holiday:  Authorised: **

 **I confirm I am working a minimum of 30 hours per week and receipt of £  per hour.**

**Apprentice self assessment; in the last month:**

What skills have you developed?

Are there any skills / aspects of work that you find difficult?

What further training / support do you need?

**Supervisor review of apprentice progress; in the last month:**

What has the apprentice achieved? *(new skills, confidence, competence etc.)*

What training has been delivered?

What training is needed prior to next month?

What targets have you agreed as a result of this review?

**I confirm that a review of progress has been held and the information given is accurate.**

**Apprentice signature: .................................................................. Date: ......../......../................**

**Supervisor signature: .................................................................. Date: ......../......../................**

**Record of off the job training:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** | **Location:** | **Learning Activity / Code** | **Duration (h:m)** |
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|  |  | **Total training hours:**(20% of working hours required) |  |

**Codes:**

**A** = Assignment Building

**C =** Class

**E** = Exam/EPA Practice

**NPL** = Logging NPL

**OB** = Observation

**OSCE** = OSCE Support

**PD** = Professional Discussion

**PT** = Practical Training

**R** = Research

**RP** = Role Play

**SH** = Shadowing

**SI** = Simulation

**T** = Tutorial

**VLE** = Online Training

**O** = Other (please specify)

**Record of class attendance:** (leave blank if absent)

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** | **Location** | **Learning Activity /Code** | **Duration (h:m)** |
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|  |  |  |  |
|  |  | **Total:** |  |

**I confirm that the above record of training is accurate.**

**Apprentice signature: .................................................................. Date: ......../......../................**

**Supervisor signature: .................................................................. Date: ......../......../................**

*Lite Ltd use only: Date received: Checked and approved by:*