## Hours Record Form

**Occupational Therapy Practice Module**:

**Name of Student: Name of Practice Educator:**

**Placement Address:**

|  |
| --- |
| Placement Number:  |
| Circle as appropriate | **Practice Area** | Physical | Mental Health | Learning Difficulties |
| **Age Range** | Child or Adolescent | Working Age | Older Adult |
| **Location** | Community | Hospital | Both |
| **Service Type** | Social Service | NHS | 3rd Sector |

|  |  |  |  |
| --- | --- | --- | --- |
| Dates From/To\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ | Hours Absent (If Any) | Hours Worked(Inc. Study) | Practice Educator Initials |
| Week 1 |  |  |  |
| Week 2 |  |  |  |
| Week 3 |  |  |  |
| Week 4 |  |  |  |
| Week 5 |  |  |  |
| Week 6 |  |  |  |
| Week 7 |  |  |  |
| Week 8 |  |  |  |
| Week 9 |  |  |  |
| Week 10 |  |  |  |
| Week 11 |  |  |  |
| Total Hours Of Practice Undertaken |  |
| Signature Of Practice Educator |

*NB: Use week numbers as necessary i.e. if your placement is 9 weeks do not use weeks 10 & 11.*

X1 copy for student portfolio X1 copy for submission