

TIMESHEET

USE BLOCK CAPITALS	SCHOOL STAMP
STUDENT NAME: _____ Student ID No.: _____	
Parent HSP: eg. CUH/ MHS _____ Intake Year: e.g. 2019	
Course: eg. Gen/ ID /MH	

YOU ARE RESPONSIBLE FOR RECORDING YOUR PRACTICE PLACEMENT HOURS, INCLUDING ALL SICKNESS, ABSENCES & MADE UP TIME AND OBTAINING YOUR PRECEPTORS SIGNATURE DAILY. PLEASE NOTE THE USE OF TIPP-EX ON YOUR TIMESHEET IS NOT PERMITTED.

EXAMPLE	Area Name: <i>CICU, CUH</i>		Print Preceptor Name : <i>BREDA BURKE</i>			
Date	<i>Mon: 24 Sep 07</i>	<i>Tues: 25 Sep 07</i>	<i>Wed: 26 Sep 07</i>	<i>Thurs: 27 Sep 07</i>	<i>Fri: 28 Sep 07</i>	Total Hrs
No. of Hrs	<i>12</i>	<i>Sick (12)</i>		<i>6</i>		<i>18</i>
Staff Sig.	<i>S/N B. Burke</i>	<i>S/N B. Burke</i>		<i>S/N B. Burke</i>		

Week 1	Area Name:		Print Preceptor Name:			
Date	Mon:	Tues:	Wed:	Thurs:	Fri:	Total Hrs
No. of Hrs						
Staff Sig.						

Week 2	Area Name:		Print Preceptor Name:			
Date	Mon:	Tues:	Wed:	Thurs:	Fri:	Total Hrs
No. of Hrs						
Staff Sig.						

Week 3	Area Name:		Print Preceptor Name:			
Date	Mon:	Tues:	Wed:	Thurs:	Fri:	Total Hrs
No. of Hrs						
Staff Sig.						

Week 4	Area Name:		Print Preceptor Name:			
Date	Mon:	Tues:	Wed:	Thurs:	Fri:	Total Hrs
No. of Hrs						
Staff Sig.						

Week 5	Area Name:		Print Preceptor Name:			
Date	Mon:	Tues:	Wed:	Thurs:	Fri:	Total Hrs
No. of Hrs						
Staff Sig.						

Week 6	Area Name:		Print Preceptor Name:			
Date	Mon:	Tues:	Wed:	Thurs:	Fri:	Total Hrs
No. of Hrs						
Staff Sig.						

Week 7	Area Name:		Print Preceptor Name:			
Date	Mon:	Tues:	Wed:	Thurs:	Fri:	Total Hrs
No. of Hrs						
Staff Sig.						

Week 8	Area Name:		Print Preceptor Name:			
Date	Mon:	Tues:	Wed:	Thurs:	Fri:	Total Hrs
No. of Hrs						
Staff Sig.						

Week 9	Area Name:		Print Preceptor Name:			
Date	Mon:	Tues:	Wed:	Thurs:	Fri:	Total Hrs
No. of Hrs						
Staff Sig.						
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Week 10	Area Name:		Print Preceptor Name:			
Date	Mon:	Tues:	Wed:	Thurs:	Fri:	Total Hrs
No. of Hrs						
Staff Sig.						
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Week 11	Area Name:		Print Preceptor Name:			
Date	Mon:	Tues:	Wed:	Thurs:	Fri:	Total Hrs
No. of Hrs						
Staff Sig.						
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Week 12	Area Name:		Print Preceptor Name:			
Date	Mon:	Tues:	Wed:	Thurs:	Fri:	Total Hrs
No. of Hrs						
Staff Sig.						

MADE UP TIME SECTION - time made up during this placement/s must be recorded below

Made Up Time		Area Name:				
Date						Total Hrs
No. of Hrs						
Staff Sig.						

All students MUST complete the section below

SUMMARY OF PLACEMENT HOURS

Uncertified Sick Time	<input type="text"/>	Certified Sick Time	<input type="text"/>	Accounted Absence	<input type="text"/>
Unaccounted Absence	<input type="text"/>	Made Up Hours	<input type="text"/>	Reason for Accounted	<input type="text"/>
Total Practice Placement Hours	<input type="text"/>	Bank Holiday	<input type="text"/>		<input type="text"/>

IF YOU HAVE MISSED ANY TIME DURING THIS PLACEMENT, PLEASE ANSWER THE FOLLOWING:

Did your missed time result in a 'not achieved' judgement being recorded by your preceptor in your Competency Assessment Document?

Yes No

I declare that all of the practice hours recorded in this timesheet are an accurate record of my practice placement hours

Student Signature : _____ Date : _____

PLEASE RETURN VIA SUBMISSION BOX AT G03 WITHIN 5 WORKING DAYS OF COMPLETION OF PLACEMENT

Failure to submit this timesheet within 5 working days of completion of clinical placement will result in the initiation of an Informal Disciplinary Meeting (Phase 1 of the School of Nursing & Midwifery Disciplinary Procedures)

Please Note the following

* If returning by post, you must use registered post, keeping a copy for your records and send to:

Ms. Nadia Curran, Allocations Office, School of Nursing & Midwifery, Brookfield Health Sciences,

* Required hours per week consist of 30 practice placement hours (inclusive of meal breaks i.e. 8am to 4pm = 8 hours)

RETURN TO: SUBMISSION BOX G.03

PLEASE FILL OUT BOTH SIDES OF TIMESHEET