



UCC

Coláiste na hOllscoile Corcaigh, Éire
University College Cork, Ireland

Department of Occupational Therapy

STUDENT HOURS

HOURS LOG

Student Name:

Student Number:

Student Name:

Student No.:

Year 1 Practice Placement:

Preparation for Practice	Hours
Pre-Linking Learning:	
Post-Linking Learning:	
Total Hours	

Practice Educator:	
Site Address:	
Tel:	
Email:	
Nature of placement: (please state if physical, psychosocial or combined)	

Student Name:

Student No.:

Week 1		Beginning Date: __/__/____		
<u>Day</u>		<u>Times</u>	<u>Hours</u>	<u>Day's Total</u>
Mon	am			
	pm			
Tues	am			
	pm			
Wed	am			
	pm			
Thurs	am			
	pm			
Fri	am			
	pm			

Week's total = _____ Student's signature _____

Practice Educator Signature: _____

Week 2		Beginning Date: __/__/____		
<u>Day</u>		<u>Times</u>	<u>Hours</u>	<u>Day's Total</u>
Mon	am			
	pm			
Tues	am			
	pm			
Wed	am			
	pm			
Thurs	am			
	pm			
Fri	am			
	pm			

Week's total = _____ Student's signature _____

Practice Educator's signature _____

Student Name:

Student No.:

OT1006 Absent Days			
Sick leave hours taken:		Sick leave hours made up:	
Sick leave certified:	Yes No	Sick leave cert forwarded to PEC:	Yes No
Number of public holidays:			

OT1006 Hours Summary	
Physical:	
Psychosocial:	
Total OT1006 Hours:	
Student Signature	
Practice Educator Name:	
Practice Educator Signature	
Practice Tutor Name:	
Practice Tutor Signature:	