

Student Name:

Student No.:



UCC

Coláiste na hOllscoile Corcaigh, Éire
University College Cork, Ireland

Department of Occupational Therapy

OT4003

STUDENT HOURS

HOURS LOG

Student Name:

Student Number:

Student Name:

Student No.:

Guidelines for Completing the Hours Log

Dear student

Practice is an exciting part of your education as an occupational therapist. The World Federation of Occupational Therapists requires that you complete 1,000 hours of practice-based education. The Association of Occupational Therapists in Ireland requires that 250 hours be in a physical setting and 250 hours in a psychosocial practice. Psychosocial settings include services: for people with a mental health problem and services for people with an intellectual disability. After your graduation and for reference purposes, it is likely that UCC will be asked to confirm the number of hours you have completed, the practice site addresses and the nature of your placements, in terms of the client group and the type of work. To assist us in providing this information on your behalf, it is important that you complete your Hours Log accurately. The guidelines below will help you with this; if you have any queries, please do ask. Above all, enjoy your practice education and learn lots!

Practice Education Co-ordinator

Tel.: 021 490 1583

Guidelines for Completing the Hours Log

The Hours Log is documented proof you have completed the minimum 1,000 hours of practice-based education. It is a valuable document and should be treated as such. Please ensure it is completed accurately and neatly and kept in excellent condition.

- A usual **practice week is 35 hours** in duration.
- Students **may count up to a maximum of 37.5 hours** a week with approval from their practice educators.
- Please **detail the start and finish times** for morning and afternoon work. Lunch times and bank holidays are not counted in practice hours. Bank holidays should be recorded as such in your hours log.
- **Completing the hours log is the student's responsibility.** You should sign the hours log and present the relevant page for your practice educator's verification and signature at the end of each week and at the end of the placement.
- At the end of your practice, students should present the hours' log to the Practice Tutor for signing off. Your tutor will verify that it has been completed according to the guidelines. The original copy of your log hours is to be returned to the OSOT Admin Office in UCC on the day of Post Linking Learning.
- It is essential that you keep your own copy of completed hours following each practice and keep them in your practice education folder.
- Any **shortfall in the required hours will have to be compensated for at a later time**, as a requirement for your graduation.
- **Any absences from practice must be recorded, e.g., sick leave, certified / uncertified.** If a student is absent for more than 20% of any one placement, they may be required to take the whole module at a later date.
- If a student is unable to attend practice, they must inform their practice educator and their practice tutor as early as possible, by telephone, on the day of their absence, indicating the day they are expected to return. **Medical certificates are required after two days of absence** and should be forwarded to the practice tutor. In some cases, it is also appropriate to provide a copy of this certified leave to your practice site.
- Students in 2nd, 3rd and 4th year are allowed 3 hours' study time per week and students may negotiate when to take this with their practice educator. It is recommended that the study hours be taken in a block and not individual hours throughout the week. These **study**

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hours are taken weekly and should not be accumulated. Study hours may be taken on-site or off-site. Students should remain sensitive to the needs of the service in this regard. The outcome of study sessions should be discussed and recorded within supervision. This is the students' responsibility.

- Preparation for Practice fall under Physical Hours.
- Please ensure that you complete the OT4003 hours summary at the end of document.

Student Name:

Student No.:

Year4 Practice Placement:

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

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

Student Name:

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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's 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.:

Week 3		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 _____

Week 4		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.:

Week 5		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 _____

Week 6		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.:

Week 7		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 _____

Week 8		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.:

Week 9		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 _____

Week 10		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 _____

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OT4003 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:			

OT4003 Hours Summary	
Physical:	
Psychosocial:	
TOTAL OT4003 HOURS:	
Student Signature:	
Practice Educator Name:	
Practice Education Signature:	
Practice Tutor Name:	
Practice Tutor Signature:	

Practice Education First, Second, Third & Fourth Years Hours Log Summary		
	Physical	Psychosocial
Year 1 Hours		
Year 2 Hours		
Year 3 Hours		
Year 4 Hours		
Total Cumulative Hours		
Total Hours over 4 years		