## Main Agency Time Sheet – Year 3

Student

Weeks beginning

Please indicate the number of hours spent in the agency during the weeks and a brief description.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Day** | **Hours** | **Activity** | **Day** | **Hours** | **Activity** |
|  | **face to face\* other** |  |  | **face to face\* other** |  |
| Mon |   |  |  | Mon |  |  |  |
| Tues |  |  |  | Tues |  |  |  |
| Wed |  |  |  | Wed |  |  |  |
| Thurs |  |  |  | Thurs |  |  |  |
| Fri |  |  |  | Fri |  |  |  |
| Sat |  |  |  | Sat |  |  |  |
| Sun |  |  |  | Sun |  |  |  |
| **Total Hours** |  |  |  | **Total Hours** |  |  |  |

\*Please note: students on the Schools, Youth and Community Work course should indicate school-based hours here separately.

Totals brought forward: Face-to-face Totals to date: Face-to-face

 Other Other

 TOTAL TOTAL

Signed Student Date …………………..

Signed Line-Manager Date …………………..

Comment by Line Manager