**Department of Children, Education and Communities**

**Attendance Record**

**Student ID: …………………………………………**

**School/Setting Name: …………………………………………**

**Student’s Name: …………………………………………**

**Work Based Learning: …………………………………………**

**The attendance record must be completed on a daily basis. If you are absent you must inform the school/Setting and the Faculty of Education Reception (01695 584790). This attendance record must be signed by your Work Based Learning Facilitator.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Week Commencing | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | Work Based Learning Facilitator Signature |
| AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Days if applicable |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total days present |  |  | Total days absent |  |

***Reasons for Absence -*** *List absences below with reasons for absence.*

|  |  |  |  |
| --- | --- | --- | --- |
| Dates | Total days absent | Reason for absence (details of SSC1 or medical certificate if required) | SSC1 or medical certificate received(EH office use only) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Please return a signed copy of this form either with the student or via email to** **DCEC@edgehill.ac.uk** **as soon as possible. To return via post please send to Room G12, Faculty of Education, Edge Hill University, St Helens Road, Ormskirk, L39 4QP.**

**Statement by Work Based Learning Facilitator**

*(Please tick each statement)*

 I agree that this is a true record of attendance and absence.

 The student has returned all resources and has settled any accounts.

|  |  |
| --- | --- |
| Signature: | ……………………………………………… |
| Print Name: | ……………………………………………… |  Date: | ……………… |

**Please return this to your Personal Tutor during your first session after Work based learning.**