

Weekly Attendance Record: All Learners

Learner Name:	Employer Name:
Learner Home Address:	Employer Address:
	Tele No:

N. I. No. [.] [.] [.] [.] []

Week Ending	Start Time	Finish Time
____/____/____	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Attendance/Absence Codes = T - Training Centre P - Placement C - College H - Holiday S - Sickness BH - Bank Holiday UA - Unauthorised Absence A - Authorised Absence
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I confirm I was in training on the above date, following the activities set out in my personal training plan.
Learner Signature:..... Date: / /
Placement Supervisors Signature: Date: / /

**This form must be posted each Friday by 1st Class Post to:
 ITEC North East Ltd., Technology Court, Bradbury Road,
 Aycliffe Industrial Park, Newton Aycliffe, Co. Durham, DL5 6DA**

Provider Check:.....(initials)