

Work Placement Hours Log - FSOB

Work Placement Hours Log – Footprint School of Business (FSOB)

Learner Name: _____

Learner ID: _____

Qualification: _____

Employer/Placement Organisation: _____

Workplace Address: _____

Supervisor Name: _____

Supervisor Contact Details: _____

Placement Start Date: _____

Placement End Date: _____

Purpose of the Log

This log is used to:

- Record and monitor learner work placement hours
- Evidence engagement in practical learning
- Support assessment of employability and vocational competencies
- Provide auditable evidence for NCFE External Quality Assurance (EQA)

Instructions for Completion

- Learners must complete the log daily or weekly
- Each entry must include a clear description of tasks undertaken
- Hours must reflect actual time spent on placement activities only
- The workplace supervisor must review and sign entries
- Tutors/assessors will review periodically as part of progress monitoring

Detailed Work Placement Log

D a t e	S t a r t T i m e	E n d T i m e	T o t a l H o u r s	A c t i v i t y /T a s k s U n d e r t a k e n	S k i l l s D e v e l o p e d	L e a r n i n g O u t c o m e s L i n k e d t o Q u a l i f i c a t i o n	S u p e r v i s o r N a m e	S u p e r v i s o r S i g n a t u r e	L e a r n e r S i g n a t u r e	A s s e s s o r /I Q A C o m m e n t s

Weekly Summary Record

W e e k N u m b e r	T o t a l H o u r s C o m p l e t e d	K e y A c t i v i t i e s U n d e r t a k e n	S k i l l s G a i n e d	S u p e r v i s o r I n i t i a l s

Cumulative Hours Tracker

T a r g e t P l a c e m e n t H o u r s	H o u r s C o m p l e t e d t o D a t e	H o u r s R e m a i n i n g	A s s e s s o r V e r i f i c a t i o n

Learner Reflective Commentary

Learners must complete a reflective summary periodically (e.g. weekly or bi-weekly):

Reflection Prompt:

- What tasks did you complete?
- What skills did you develop?
- What challenges did you face and how did you overcome them?
- How does this experience relate to your qualification?

Learner Reflection:

Learner Signature: _____

Date: _____

Supervisor Feedback Section

Supervisor Comments on Learner Performance:

Areas of Strength:

Areas for Development:

Supervisor Name: _____

Signature: _____

Date: _____

Assessor Review and Monitoring

The assessor will:

- Review log entries regularly
- Ensure activities align with qualification requirements
- Provide feedback and developmental guidance
- Confirm authenticity and sufficiency of evidence

Assessor Comments:

Assessor Name: _____

Signature: _____

Date: _____

Internal Quality Assurance (IQA) Sampling

IQA will:

- Sample logs to ensure accuracy and consistency
- Verify alignment with learning outcomes
- Confirm appropriate supervisor verification

IQA Comments:

IQA Name: _____

Signature: _____

Date: _____

Declaration of Authenticity

I confirm that the hours and activities recorded in this log are accurate and represent my own work placement experience.

Learner Name: _____

Signature: _____

Date: _____