

TTR1 RECORD

SHEET NO

Student name..... Registration number.....
 Dates from □□/□□/□□□□ to □□/□□/□□□□ Average number of hours per week.....
 Name of employer..... Student job title.....
 Supervisor's name and professional qualificationsSupervisor's job title

To be completed by the student

SUMMARY OF WORK UNDERTAKEN AND RESPONSIBILITIES

Elements to which work relates

To be completed by the Supervisor

Competence achieved in this period? (Yes/No)

Supervisor's comments (highlight strengths, weaknesses and future work experience and development requirements)

TTR1 RECORD (continued)

To be completed by the student

SUMMARY OF WORK UNDERTAKEN AND RESPONSIBILITIES (continued)

Elements to which work relates

To be completed by the Supervisor

Competence achieved in this period? (Yes/No)

Supervisor's comments (highlight strengths, weaknesses and future work experience and development requirements)

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You may attach a copy of the organisation's own internal appraisal documentation, provided that it addresses the achievement of elements of competence.

Student's signature..... Date..... Supervisor's signature..... Date.....

Attach further sheets if necessary