# Student Work Placement Log Book











This logbook was produced as part of the Erasmus+ funded project *European Pathways to Employment for Disabled Young People* for more information contact <u>ruth.shippobotham@petroc.ac.uk</u>

# STUDENT INFORMATION

STUDENT ADDRESS:

PHONE NUMBER:

EMERGENCY CONTACT PERSON:

EMERGENCY CONTACT NUMBER:

ADDITIONAL INFORMATION: Include medical information here

### PLACEMENT INFORMATION

START DATE:

FINISH DATE:

COMPANY NAME:

COMPANY ADDRESS:

COMPANY PHONE NUMBER:

CONTACT SUPERVISOR:

TELEPHONE NUMBER:

PLACEMENT COORDINATOR:

TELEPHONE NUMBER:

JOB COACH/SUPPORT:

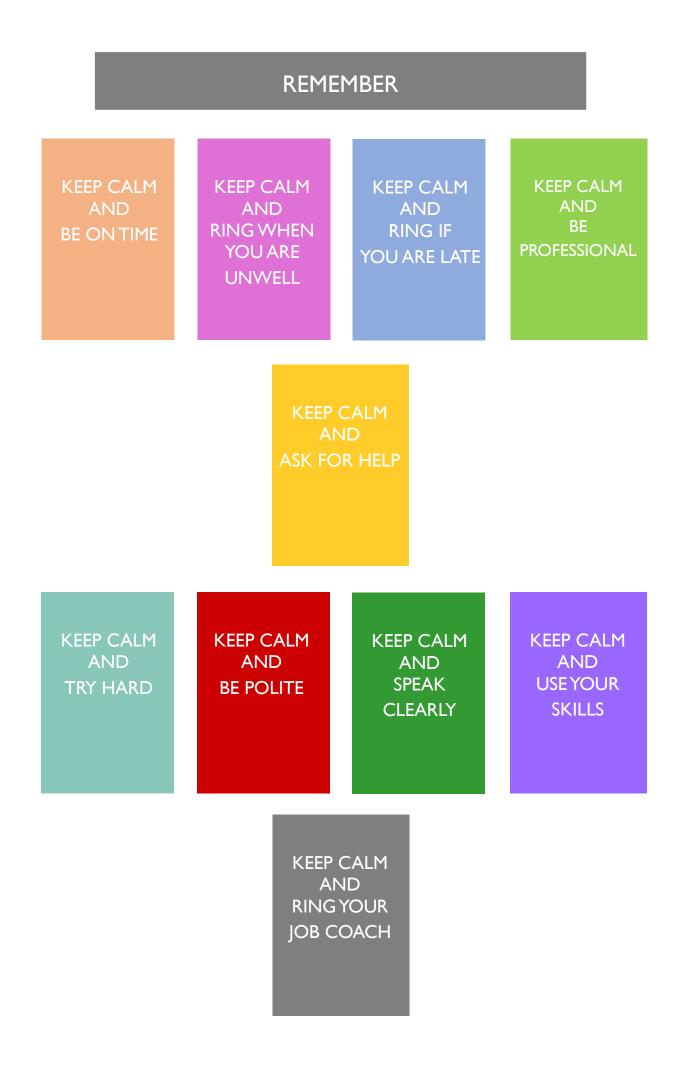
TELEPHONE NUMBER:

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# STUDENT INDUCTION CHECKLIST



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| ITEM                                     | DATE |
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| Introduced to supervisor and key staff   |      |
| with roles explained                     |      |
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| understood                               |      |
| Location of toilets, rest room, canteen, |      |
| other facilities (as relevant)           |      |
| Lunch and refreshment arrangements       |      |
| explained (provision, times)             |      |
| Shown around work place and environment  |      |
| Instruction on equipment to be used.     |      |
| Health and Safety procedures             |      |
| Emergency procedures and fire exits      |      |
| First Aid arrangements                   |      |
| Accident Reporting procedures            |      |

|      |       | TIMES  | HEET                       |                        |
|------|-------|--------|----------------------------|------------------------|
| DATE | START | FINISH | HOURS<br>COMPLETED         | EMPLOYERS<br>SIGNATURE |
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|      |       | TIMES  | HEET                       |                        |
|------|-------|--------|----------------------------|------------------------|
| DATE | START | FINISH | HOURS<br>COMPLETED         | EMPLOYERS<br>SIGNATURE |
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|      |       |        | ET THIS SIG<br>WORK EACH V |                        |

# WORK PLACEMENT SELF-ASSESSMENT SHEET

| Date                      |  |  |
|---------------------------|--|--|
| Weeks<br>Target           |  |  |
| Tick<br>Good<br>or<br>Bad |  |  |
| Score<br>1-5              |  |  |

| Date                      |  |  |
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#### Student comments

New things I tried or learnt today:

#### What went well today?

#### What do I need to improve?



# Mentor's comments:

#### Student comments

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#### What do I need to improve?



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# Mentor's comments:

# EMPLOYABILITY ASSESSMENT

| Completed by:   |   |   |   |   |   |         |
|---|---|---|---|---|---|---------|
| Area of Assessment -  | 5 | 4 | 3 | 2 | 1 | Comment |
| Self  |   | • | Ŭ |   |   | Comment |
| Motivation/Participation  |   |   |   |   |   |         |
| Self-Presentation & Hygiene   |   |   |   |   |   |         |
| Using initiative/thinking for self  |   |   |   |   |   |         |
| Conscientiousness   |   |   |   |   |   |         |
| Working without supervision   |   |   |   |   |   |         |
| Area of Assessment –  |   |   |   |   |   |         |
| Work  |   |   |   |   |   |         |
| Punctuality   |   |   |   |   |   |         |
| Flexibility   |   |   |   |   |   |         |
| Coping with pressure  |   |   |   |   |   |         |
| Checking/correcting   |   |   |   |   |   |         |
| mistakes  |   |   |   |   |   |         |
| Quantity/speed  |   |   |   |   |   |         |
| Quality/consistency   |   |   |   |   |   |         |
| Area of Assessment -  |   |   |   |   |   |         |
| Communication   |   |   |   |   |   |         |
| Relating to others  |   |   |   |   |   |         |
| Coping with criticism   |   |   |   |   |   |         |
| Ability to follow instructions  |   |   |   |   |   |         |
| Willingness to work   |   |   |   |   |   |         |
| alone/part of a team  |   |   |   |   |   |         |
| Please complete this assessment u<br>4 = satisfactory for work, 3 = a lit |   |   |   |   |   |         |

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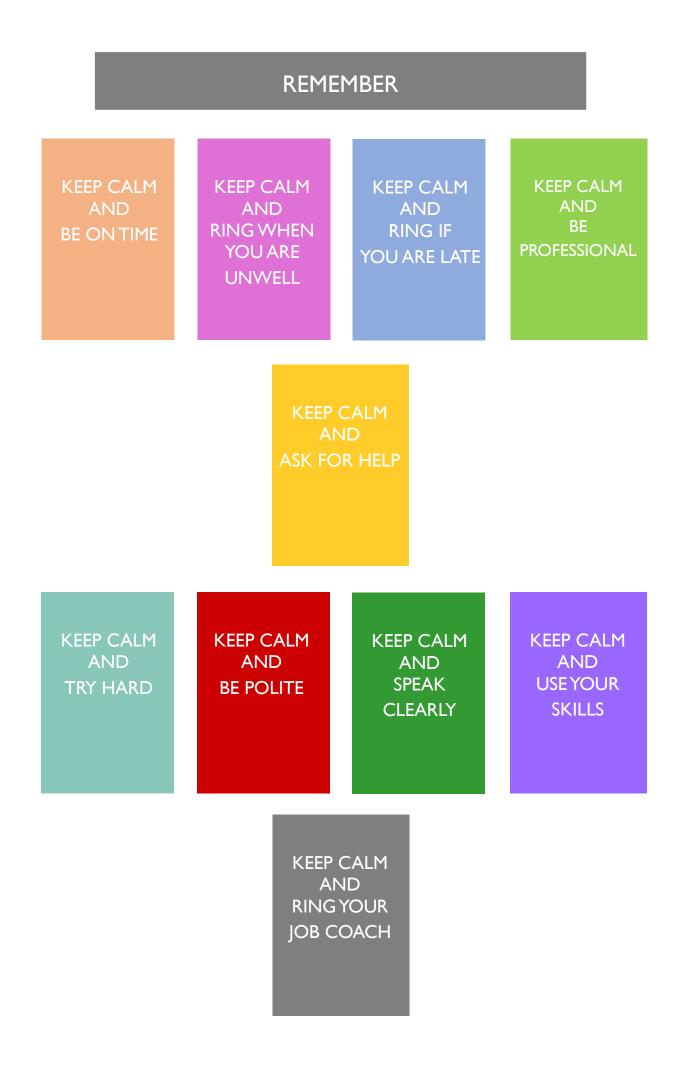
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|      |       | TIMES  | HEET                       |                        |
|------|-------|--------|----------------------------|------------------------|
| DATE | START | FINISH | HOURS<br>COMPLETED         | EMPLOYERS<br>SIGNATURE |
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|      |       | TIMES  | HEET                       |                        |
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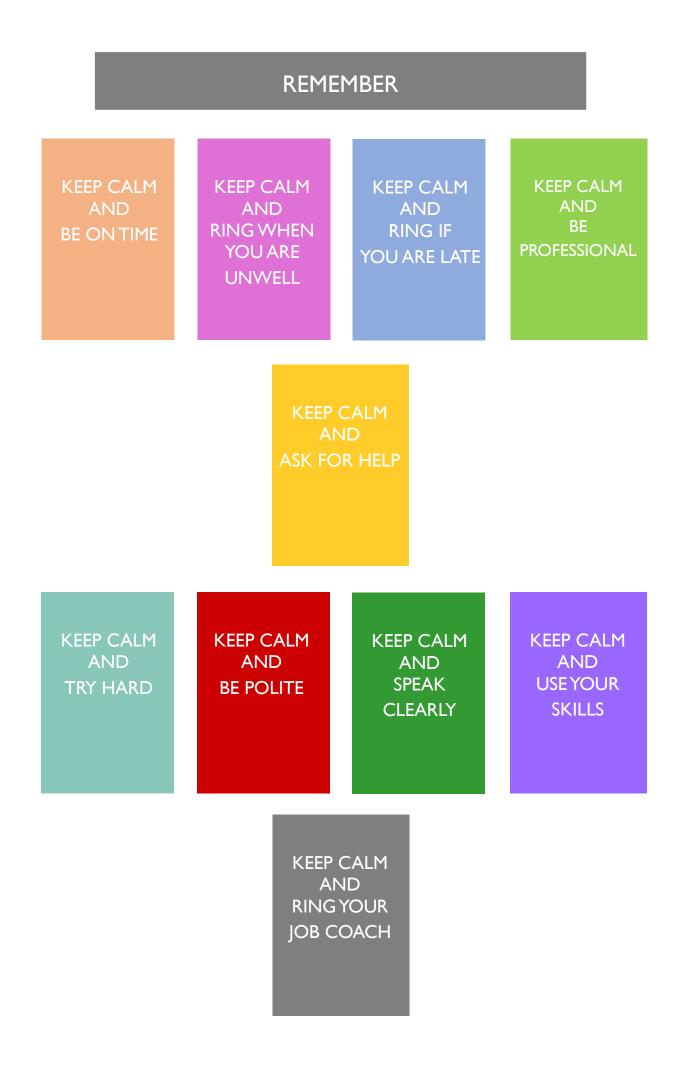
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| PLEASE MAKE SURE YOU GET THIS SIGNED WHEN<br>YOU FINISH YOUR WORK EACH WEEK |       |        |                    |                        |  |  |  |

| TIMESHEET   |       |        |                    |                        |  |  |  |
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