|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Student Name:** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** |
| **Department:****Week 1****Dates: .** |  |  |  |  |  |  |  |  |  |  |
| **Department:****Week 2****Dates: .** |  |  |  |  |  |  |  |  |  |  |
| **Department:****Week 3****Dates: .** |  |  |  |  |  |  |  |  |  |  |
| **Department;****Week 4****Dates: .** |  |  |  |  |  |  |  |  |  |  |

Please ask for a signature from a member of staff at each session you attended

At the end of placement please hand in to the office on level 7, Worsley Building or scan and send to a.j.gledhill@leeds.ac.uk.