



SCHOOL OF
WORK PLACEMENT WEEKLY LOG BOOK

Student Name	
Student ID and Cohort	
Company Name/Department	
Work Placement Assessor	
Work Placement Supervisor	

WEEK (from to)

Date	Task Performed	Skills Acquired

Overall Remarks by Work Placement Supervisor:

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Signature:

Work Placement Supervisor: **Date:**.....

Student : **Date:**.....