

**FACULTY OF HEALTH AND LIFE SCIENCES**

**DIPLOMA OF HIGHER EDUCATION IN PARAMEDIC SCIENCE**

**Clinical Practice Placement Documentation**

**Placement Block 1- Clinical Practice Attendance Record**

**Module: Foundation Paramedic Practice**

**Module Code: F102PM**

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**Placement Block 1- Clinical Practice Attendance Record**

**Module: Foundation Paramedic Practice**

**Module Code: F102PM**

**Name of Student:**.....

**Student ID Number:**.....

**Name of Mentor:**.....

**Name of Personal Tutor:**.....

**Name of Course Director** .....

This document is the property of Coventry University and will form part of the assessment of your practice module. It must be completed and kept safely for the duration of the course.

**If this document is found please could you contact  
Coventry University on 02476 795961**

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## Introduction

During your placement time it imperative that an accurate record of you hours work with mentors and paramedics is kept. This record of placement hours will be submitted to assignment handling after the 1<sup>st</sup> placement block and its contents uploaded to your ARC profile. This allows the hours to be tracked and highlights any shortfalls which will need addressing in placement block 2.

## Guidance for Completion

When completing the Clinical Practice Attendance record you must record the shift using the 24-hour clock and record total number of hours worked for e.g. 06.00 to 18.00 - 12 hours; 18.00 to 02.00 – 8 hours.

All authorised sickness and unauthorised absence taken must also be recorded as follows:

**S = Sick**

**A = Unauthorised** Absence/absent

Sickness/Absences should be reported to the University via the sickness line, it is **YOUR** responsibility to follow your employer's procedures for reporting sickness.

All errors must be crossed out and clearly visible and countersigned by you and your named mentor. **TIPPEX SHOULD NOT BE USED.**

It is **YOUR** responsibility to ensure this is signed and kept up to date.

It should reflect that you have negotiated to work with your mentor wherever possible and to experience the range of shifts/weekends and/or nights where required and appropriate

**You are responsible for carrying and completing this document during placement.**

**This is to be handed in to ASSIGNMENT HANDLING at the earliest opportunity when commencing back at University after Placement Block**

**Date for hand in:** .....

# Guidance continued

## Attendance Sheet Completion - Student Guidelines

WEEK 10	WEEK COMM. DATE (A)	DAY SHIFT HOURS WORKED (B)	NIGHT DUTY HOURS WORKED (C)	SICK/ABS HOURS <small>only*</small> (D)	VERIFIED BY (E)
SUN	07/02/2010		10		AN Other
MON	08/02/2010	8			AN Other
TUES	09/02/2010	4			AN Other
WEDS	10/02/2010			8	AN Other
THURS	11/02/2010	Off			AN Other
FRI	12/02/2010	Off			AN Other
SAT	13/02/2010				
<b>TOTAL HOURS WORKED THIS WEEK (F):</b>					<b>22</b>

Please make sure you complete the date in full.  
ie. Day/Month/Year for each day that you work.

Only need to include the total number of hours worked on a night shift in this column.  
Please note that a minimum of 8 hours is required to count towards night duty

Only need to include the total number of hours worked on a day shift in this column

Only Sickness /Absence hours should be included in this column.

This column needs to be completed **in all instances**, including days off.

**Blank Rows:** please note there should be no blank rows, any missing information should be queried with the student)

This should be the **Total Number of hours worked on placement** . Please note students should complete the equivalent of 40 hours per week over the entire placement. There could however be instances where the number of hours is less or more than 40 for individual weeks. (Excessive hours for individual weeks should be discouraged e.g. 12 hours a day for a 7 day period)

**Hours shortfall** is the term used to identify hours that have not been completed during your placement.  
Add your total hours completed with any sickness/absence hours . This should give a total of either 320 for an 8 week placement or a total of 480 hours for a 12 week placement. If however, you have not accrued any sickness or absence hours during your placement and you have completed under 320 or 480 hours, the remainder becomes the shortfall total.

**I DECLARE THESE HOURS ARE A TRUTHFUL AND ACCURATE RECORD OF MY ATTENDANCE**

STUDENT SIGNATURE AND DATE: *A. Student 10th Feb 2010* must be completed

HOURS CHECKED BY MENTOR	HOURS WORKED	SICKNESS/ABSENCE	HOURS SHORTFALL	Input By
	22	8	10	

Must be completed **by MENTOR** (before passing to Assignment Handling Office)  
**ENSURE YOU PHOTOCOPY THIS FORM PRIOR TO HANDING IN**

## Expectations

**Target hours for this placement block = 520 hours**

- **13 week block @ 40hrs/week = 520 hours**

Only hours worked with a suitable paramedic will be counted towards your placement hours.

There is a requirement that your named mentor or associate mentor will work with you for a minimum of 15 hours per week. Due to fixed rotas, annual leave or unforeseeable circumstances there may be occasions where working with mentor(s) for the minimum requirement (15hours/week) will be difficult to achieve. For e.g. you could work with a mentor for 12 hours over 1 week, then 36 hours the following week: or for 36 hours over 1 week then 12 hours the following week. It is therefore important to look at the overall minimum requirements for duration of the placement.

**NB: For your programme you are required to work a minimum of 225 hours with your allocated Named Mentor or Associate mentor.**

In the remaining hours of your placement you will be allocated to an appropriately qualified HCPC registered paramedic who will be responsible for supervising you in practice placement. An appropriately qualified registered paramedic must have a minimum of 12 months clinical practice experience as a registered paramedic. **They will be able to verify your attendance and verify that you have observed practice and participated in the care provided/skill in relation to the competency.**

**THIS DOCUMENT IS NEEDS TO BE FULLY COMPLETED- ANY missing signatures may result in hours not being counted toward your summative assessment.**







ALL ABSENCES MUST BE REPORTED

COVENTRY UNIVERSITY  
PLACEMENT ATTENDANCE RECORD

STUDENT SICKNESS AND ABSENCE LINE  
24 HOUR ANSWERING MACHINE  
024 7765 5926

NAME \_\_\_\_\_ COHORT \_\_\_\_\_ PLACEMENT \_\_\_\_\_

WEEK 1	DATE	DAY SHIFT HOURS WORKED	NIGHT DUTY HOURS WORKED	SICK/ABS HOURS	VERIFIED BY
SUN					
MON					
TUES					
WEDS					
THURS					
FRI					
SAT					

WEEK 2	DATE	DAY SHIFT HOURS WORKED	NIGHT DUTY HOURS WORKED	SICK/ABS HOURS	VERIFIED BY
SUN					
MON					
TUES					
WEDS					
THURS					
FRI					
SAT					

WEEK 3	DATE	DAY SHIFT HOURS WORKED	NIGHT DUTY HOURS WORKED	SICK/ABS HOURS	VERIFIED BY
SUN					
MON					
TUES					
WEDS					
THURS					
FRI					
SAT					

TOTAL HOURS WORKED THIS WEEK:

TOTAL HOURS WORKED THIS WEEK:

TOTAL HOURS WORKED THIS WEEK:

WEEK 4	DATE	DAY SHIFT HOURS WORKED	NIGHT DUTY HOURS WORKED	SICK/ABS HOURS	VERIFIED BY
SUN					
MON					
TUES					
WEDS					
THURS					
FRI					
SAT					

WEEK 5	DATE	DAY SHIFT HOURS WORKED	NIGHT DUTY HOURS WORKED	SICK/ABS HOURS	VERIFIED BY
SUN					
MON					
TUES					
WEDS					
THURS					
FRI					
SAT					

WEEK 6	DATE	DAY SHIFT HOURS WORKED	NIGHT DUTY HOURS WORKED	SICK/ABS HOURS	VERIFIED BY
SUN					
MON					
TUES					
WEDS					
THURS					
FRI					
SAT					

TOTAL HOURS WORKED THIS WEEK:

TOTAL HOURS WORKED THIS WEEK:

TOTAL HOURS WORKED THIS WEEK:

Please report all absences

**COVENTRY UNIVERSITY  
PLACEMENT ATTENDANCE RECORD**

**STUDENT SICKNESS AND ABSENCE LINE  
24 HOUR ANSWERING MACHINE  
024 7765 5926**

**NAME** **COHORT** **PLACEMENT**

WEEK 7	DATE	DAY SHIFT HOURS WORKED	NIGHT DUTY HOURS WORKED	SICK/ABS HOURS	VERIFIED BY
SUN					
MON					
TUES					
WEDS					
THURS					
FRI					
SAT					

**TOTAL HOURS WORKED THIS WEEK:**

WEEK 8	DATE	DAY SHIFT HOURS WORKED	NIGHT DUTY HOURS WORKED	SICK/ABS HOURS	VERIFIED BY
SUN					
MON					
TUES					
WEDS					
THURS					
FRI					
SAT					

**TOTAL HOURS WORKED THIS WEEK:**

WEEK 9	DATE	DAY SHIFT HOURS WORKED	NIGHT DUTY HOURS WORKED	SICK/ABS HOURS	VERIFIED BY
SUN					
MON					
TUES					
WEDS					
THURS					
FRI					
SAT					

**TOTAL HOURS WORKED THIS WEEK:**

WEEK 10	DATE	DAY SHIFT HOURS WORKED	NIGHT DUTY HOURS WORKED	SICK/ABS HOURS	VERIFIED BY
SUN					
MON					
TUES					
WEDS					
THURS					
FRI					
SAT					

**TOTAL HOURS WORKED THIS WEEK:**

WEEK 11	DATE	DAY SHIFT HOURS WORKED	NIGHT DUTY HOURS WORKED	SICK/ABS HOURS	VERIFIED BY
SUN					
MON					
TUES					
WEDS					
THURS					
FRI					
SAT					

**TOTAL HOURS WORKED THIS WEEK:**

WEEK 12	DATE	DAY SHIFT HOURS WORKED	NIGHT DUTY HOURS WORKED	SICK/ABS HOURS	VERIFIED BY
SUN					
MON					
TUES					
WEDS					
THURS					
FRI					
SAT					

**TOTAL HOURS WORKED THIS WEEK:**

P.T.O.

WEEK 13	DATE	DAY SHIFT HOURS WORKED	NIGHT DUTY HOURS WORKED	SICK/ABS HOURS	VERIFIED BY
SUN					
MON					
TUES					
WEDS					
THURS					
FRI					
SAT					

TOTAL HOURS WORKED THIS WEEK:

WEEK 14	DATE	DAY SHIFT HOURS WORKED	NIGHT DUTY HOURS WORKED	SICK/ABS HOURS	VERIFIED BY
SUN					
MON					
TUES					
WEDS					
THURS					
FRI					
SAT					

TOTAL HOURS WORKED THIS WEEK:

WEEK 15	DATE	DAY SHIFT HOURS WORKED	NIGHT DUTY HOURS WORKED	SICK/ABS HOURS	VERIFIED BY
SUN					
MON					
TUES					
WEDS					
THURS					
FRI					
SAT					

TOTAL HOURS WORKED THIS WEEK:

WEEK 16	DATE	DAY SHIFT HOURS WORKED	NIGHT DUTY HOURS WORKED	SICK/ABS HOURS	VERIFIED BY
SUN					
MON					
TUES					
WEDS					
THURS					
FRI					
SAT					

TOTAL HOURS WORKED THIS WEEK:

WEEK 17	DATE	DAY SHIFT HOURS WORKED	NIGHT DUTY HOURS WORKED	SICK/ABS HOURS	VERIFIED BY
SUN					
MON					
TUES					
WEDS					
THURS					
FRI					
SAT					

TOTAL HOURS WORKED THIS WEEK:

WEEK 18	DATE	DAY SHIFT HOURS WORKED	NIGHT DUTY HOURS WORKED	SICK/ABS HOURS	VERIFIED BY
SUN					
MON					
TUES					
WEDS					
THURS					
FRI					
SAT					

TOTAL HOURS WORKED THIS WEEK:

PLEASE ENSURE ALL PARTIES HAVE SIGNED THIS ATTENDANCE SHEET PRIOR TO HANDING IN. IT IS NOT POSSIBLE TO PROCESS DOCUMENTATION WITH MISSING SIGNATURES. THIS COULD RESULT IN ABSENCE BEING RECORDED FOR THE PLACEMENT.

<b>I DECLARE THESE HOURS ARE A TRUTHFUL AND ACCURATE RECORD OF MY ATTENDANCE</b>	<b>TOTAL HOURS WITH MENTORS</b>
STUDENT SIGNATURE AND DATE:	

HOURS CHECKED BY MENTOR (Sign, Print Name and Date)	TOTAL HOURS WORKED	SICKNESS/ABSENCE	HOURS SHORTFALL	Input By