Clinical Placement Hours Record

Tauira name and ID #: .........................................................................................................................

Clinical placement location: ..............................................................................................................

Course code:……………… Total hours completed: ………… Dates of placement………………..

Preceptor’s name & NCNZ Registration #: ………………………………................. Date:…………

**Instructions:**

* Every shift must be signed by the preceptor.
* Meal breaks DO NOT count as clinical hours.
* At the completion of the clinical placement, the form must be signed by the ākonga, preceptor and clinical lecturer.

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| **Week 1:**  **Date**  **e.g. 21/2/24** | **Start**  **e.g. 0700** | **Finish**  **e.g. 1530** | **Total hours**  **e.g. 8hrs** | **Comments**  **e.g., Left early for peer supervision, late start due to appointment** | **Preceptor signature** |
| Mon |  |  |  |  |  |
| Tue |  |  |  |  |  |
| Wed |  |  |  |  |  |
| Thu |  |  |  |  |  |
| Fri |  |  |  |  |  |
| Sat |  |  |  |  |  |
| Sun |  |  |  |  |  |
| **Week total hours** | | |  |  | |

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| **Week 2: Date**  **e.g. 21/2/24** | **Start**  **e.g. 0700** | **Finish**  **e.g. 1530** | **Total hours**  **e.g. 8hrs** | **Comments**  **e.g., Left early for peer supervision, late start due to appointment** | **Preceptor signature** |
| Mon |  |  |  |  |  |
| Tue |  |  |  |  |  |
| Wed |  |  |  |  |  |
| Thu |  |  |  |  |  |
| Fri |  |  |  |  |  |
| Sat |  |  |  |  |  |
| Sun |  |  |  |  |  |
| **Week total hours** | | |  |  | |

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| **Week 3: Date**  **e.g. 21/2/24** | **Start**  **e.g. 0700** | **Finish**  **e.g. 1530** | **Total hours**  **e.g. 8hrs** | **Comments**  **e.g., Left early for peer supervision, late start due to appointment** | **Preceptor signature** |
| Mon |  |  |  |  |  |
| Tue |  |  |  |  |  |
| Wed |  |  |  |  |  |
| Thu |  |  |  |  |  |
| Fri |  |  |  |  |  |
| Sat |  |  |  |  |  |
| Sun |  |  |  |  |  |
| **Week total hours** | | |  |  | |

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| **Week 4: Date**  **e.g. 21/2/24** | **Start**  **e.g. 0700** | **Finish**  **e.g. 1530** | **Total hours**  **e.g. 8hrs** | **Comments**  **e.g., Left early for peer supervision, late start due to appointment** | **Preceptor signature** |
| Mon |  |  |  |  |  |
| Tue |  |  |  |  |  |
| Wed |  |  |  |  |  |
| Thu |  |  |  |  |  |
| Fri |  |  |  |  |  |
| Sat |  |  |  |  |  |
| Sun |  |  |  |  |  |
| **Week total hours** | | |  |  | |

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| **Week 5: Date**  **e.g. 21/2/24** | **Start**  **e.g. 0700** | **Finish**  **e.g. 1530** | **Total hours**  **e.g. 8hrs** | **Comments**  **e.g., Left early for peer supervision, late start due to appointment** | **Preceptor signature** |
| Mon |  |  |  |  |  |
| Tue |  |  |  |  |  |
| Wed |  |  |  |  |  |
| Thu |  |  |  |  |  |
| Fri |  |  |  |  |  |
| Sat |  |  |  |  |  |
| Sun |  |  |  |  |  |
| **Week total hours** | | |  |  | |

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| **Tauira signature:** | **Date:** |
| **Clinical lecturer's name & signature:** | **Date:** |