**Early Years Teacher Status Placement Record Form**

**Trainee’s Name: Setting Name:**

**Setting Address:**

**Associate mentor:**

**Please circle: Term 1 /Term 2 /Term 3**

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| **Week beginning** | **Hours of the week worked****1 day = 7hrs (inclusive of 30 mins break)** | **Age range** | **Associate mentor Signature** |
| **Date** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** |  |  |
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**Please keep a copy of this form for your records.** The Workplace Record Form should be signed weekly by the Associate mentor to record the days worked. It is the trainees responsibility to keep this updated in their portfolio.