

**WORK-BASED TRAINING PARTICIPATION RECORD**

Supervisor's Name: \_\_\_\_\_ Student Name: \_\_\_\_\_ No: \_\_\_\_\_

**INSTRUCTIONS:** This is a Participation Record designed to track student hours for work-based training. The student records the date, hours served and ministry tasks completed, the Work-Based Training Supervisor verifies weekly hours with their signature, the Work-Based Training Provider signs the record at the end of the 12 week period. On completion, the student will return this record to Hope College for assessment. This is a legal document required by Hope College to verify student participation.

The purpose of work-based training is to provide the student with practical opportunities to apply the knowledge studied throughout their course to Christian ministry by serving within their local church. Attendance at church or other meetings (e.g. prayer or home group meetings) is not work-based training.

As well as completing the required ministry hours, students must also gain experience corresponding to the level required of their course. The performance levels for each course are listed below. **Tick which course the student is enrolled in:**

- Certificate IV – Ministry Worker     
  Diploma – Ministry Assistant/Leader     
  Advanced Diploma – Ministry Leader/Missionary Worker  
 Graduate Certificate – Ministry Leader/Teacher/Instructor     
  Graduate Diploma – Ministry Leader/Teacher/Instructor

<b>WEEK 1: Beginning / /</b>				
Date	Hours Serving	Ministry tasks completed	Supervisor's Signature	Total Hours For week
<b>WEEK 2: Beginning / /</b>				
Date	Hours Serving	Ministry tasks completed	Supervisor's Signature	Total Hours For week
<b>WEEK 3: Beginning / /</b>				
Date	Hours Serving	Ministry tasks completed	Supervisor's Signature	Total Hours For week
<b>WEEK 4: Beginning / /</b>				
Date	Hours Serving	Ministry tasks completed	Supervisor's Signature	Total Hours For week
<b>WEEK 5: Beginning / /</b>				
Date	Hours Serving	Ministry tasks completed	Supervisor's Signature	Total Hours For week
<b>WEEK 6: Beginning / /</b>				
Date	Hours Serving	Ministry tasks completed	Supervisor's Signature	Total Hours For week

**HOPE COLLEGE**  
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<b>WEEK 7: Beginning / /</b>				
Date	Hours Serving	Ministry tasks completed	Supervisor's Signature	Total Hours For week
<b>WEEK 8: Beginning / /</b>				
Date	Hours Serving	Ministry tasks completed	Supervisor's Signature	Total Hours For week
<b>WEEK 9: Beginning / /</b>				
Date	Hours Serving	Ministry tasks completed	Supervisor's Signature	Total Hours For week
<b>WEEK 10: Beginning / /</b>				
Date	Hours Serving	Ministry tasks completed	Supervisor's Signature	Total Hours For week
<b>WEEK 11: Beginning / /</b>				
Date	Hours Serving	Ministry tasks completed	Supervisor's Signature	Total Hours For week
<b>WEEK 12: Beginning / /</b>				
Date	Hours Serving	Ministry tasks completed	Supervisor's Signature	Total Hours For week

**STUDENT TO COMPLETE:** Total number of work-based training hours recorded on this record \_\_\_\_\_

**WORK-BASED TRAINING SUPERVISOR TO SIGN:** The above-named student has been a regular attender of this church over the period covered in this record -  Yes  No Signature \_\_\_\_\_ Date \_\_\_\_\_

**WORK-BASED TRAINING PROVIDER TO SIGN (Senior Pastor/Director):** Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY:

Checked: <input type="checkbox"/> hours <input type="checkbox"/> signatures <input type="checkbox"/> suitable participation	Registrar initials: _____
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