

WORK-BASED TRAINING ATTENDANCE RECORD
Chaplaincy

Supervisor's Name: _____ Student Name: _____ No: _____

INSTRUCTIONS: This is an Attendance Record designed to track student hours for work-based training. The student records the date, hours worked and chaplaincy 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 attendance.

The purpose of work-based training is to provide the student with practical opportunities to apply the knowledge studied throughout their course to a chaplaincy role or ministry in a community setting outside of their local church.

WEEK 1: Beginning / /				
Date	Hours Worked	Chaplaincy tasks completed	Supervisor's Signature	Total Hours For week
WEEK 2: Beginning / /				
Date	Hours Worked	Chaplaincy tasks completed	Supervisor's Signature	Total Hours For week
WEEK 3: Beginning / /				
Date	Hours Worked	Chaplaincy tasks completed	Supervisor's Signature	Total Hours For week
WEEK 4: Beginning / /				
Date	Hours Worked	Chaplaincy tasks completed	Supervisor's Signature	Total Hours For week
WEEK 5: Beginning / /				
Date	Hours Worked	Chaplaincy tasks completed	Supervisor's Signature	Total Hours For week
WEEK 6: Beginning / /				
Date	Hours Worked	Chaplaincy tasks completed	Supervisor's Signature	Total Hours For week

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WEEK 7: Beginning / /				
Date	Hours Worked	Chaplaincy tasks completed	Supervisor's Signature	Total Hours For week
WEEK 8: Beginning / /				
Date	Hours Worked	Chaplaincy tasks completed	Supervisor's Signature	Total Hours For week
WEEK 9: Beginning / /				
Date	Hours Worked	Chaplaincy tasks completed	Supervisor's Signature	Total Hours For week
WEEK 10: Beginning / /				
Date	Hours Worked	Chaplaincy tasks completed	Supervisor's Signature	Total Hours For week
WEEK 11: Beginning / /				
Date	Hours Worked	Chaplaincy tasks completed	Supervisor's Signature	Total Hours For week
WEEK 12: Beginning / /				
Date	Hours Worked	Chaplaincy 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/HAS NOT** (strike out whichever does not apply) been a regular attender of their church over the period covered in this record. Signature _____ Date _____

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