

Timesheet for CoTrain Shared Apprentice Scheme

Apprentice Name					
Week Commencing (dd.mm.yy)					
Site name & location					
Have you been involved in any Reportable Accidents or Near Misses on Site this week?				YES	NO
If YES please describe the Accident or Near Miss below.					
	Start time	Finish time	Hours excl lunch	Brief description of activities done each day	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Total Hours					
Signature – apprentice					
Name – apprentice supervisor					
Signature – apprentice supervisor					
Date					
Any comments on working week from apprentice					
Any comments on working week from supervisor					

This should be completed, scanned and sent back to Julian Carter. Julian.Carter@CoTrain.org.uk
Any problems, please call on 0118 9207200.