

Otago Polytechnic | Te Pūkenga: School of Nursing | Te Kura Tapuhi

Clinical Placement Hours Record

Ākonga name and ID: .........................................................................................................................

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

Course code:…………………………… Total hours completed: …………………………………

Dates of placement……………………………………………………………………………………………

**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** |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** |  |  |

 **Ākonga signature:**  **Date:**

 **Preceptor’s name, signature & NCNZ Registration #:**

 **Date:**

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