



GHANA TECHNICAL VOCATIONAL EDUCATION AND TRAINING SERVICE

WORKPLACE EXPERIENCE LEARNING LOGBOOK FOR LEARNERS'

WEEKLY TRAINING LOGSHEET

Learner's Name:.....

Name of TVET Provider:.....

Name of Company & Region:.....

Qualification Level:.....

Month & Year:.....

WEEK	Dates: Start time: End Time: Total Time:	Describe key tasks/ activities performed for the week (Eg. Dismantling and assembling of a machine)	Skills Demonstrated Eg. movement of the machine from one location to another	Remarks
ONE (1)				
TWO (2)				
THREE (3)				

FOUR (4)				
FIVE (5)				
Learner's Signature:				Date:
WEL Facilitator's Comments:				
WEL Facilitator's Name & Signature:				Date:
WEL Supervisor's Comments				
WEL Supervisor's Name & Signature:				Date:

WEEKLY TRAINING LOGSHEET

Learner's Name:.....

Name of TVET Provider:.....

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Month & Year:.....

**Learning Outcome3: Relate effectively with others in planning and
Undertaking workplace experience activity**

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- (a) Observe work practices closely
 - (b) Listen attentively to instructions and accept them in a positive manner
 - (c) Seek advice and assistance when required
 - (d) Work cooperatively with others
 - (e) Modify behaviour appropriately to meet the needs of different situations

POST WEL ASSESSMENT BY WEL FACILITATOR.

This should be completed by the WEL Facilitator immediately after WEL, just before the Learner returns to the TVET Provider.

While the Learner was with you, did you observe the following? In the table below tick (✓) under 'Yes' or 'No' if the learner did or did not do the following:

WEL report		Yes
1	Carried out allocated task under supervision as agreed with the supervisor	
2	Complied with times of attendance	
3	Complied with company safety	
4	Complied with company guidelines on the use of tools	
5	Complied with company guidelines on the use of equipment	
6	Complied with company guidelines on the use machines	
7	Observed health, safety and hygiene requirement at all times	
8	Observed work practices attentively	
9	Listened attentively to instructions and accepted them in a positive manner	
10	Seek advice and assistance with others	

11	Modified behaviour appropriately to meet the needs of different situation	
Learner's Signature:		Date:
WEL Facilitator's Comments:		
WEL Facilitator's Name & Signature:		Date:
WEL Supervisor's Comments		
WEL Supervisor's Name & Signature:		Date:
<i>Company stamp:</i>		