



WESTERN CAPE COLLEGE OF NURSING

WORK INTEGRATED LEARNING(WIL) CLINICAL PLACEMENT TIME SHEET RECORD

STUDENT SURNAME AND NAME								STUDENT NUMBER					
CAMPUS	BOLAND OVERBERG	METRO WEST	SOUTHERN CAPE KAROO				ACADEMIC YEAR	1	2	3	4		
SUBJECT						PROGRAM							
DATE	CLINICAL FACILITY	CLINICAL PLACEMENT e.g Medical	TIME ON DUTY	TIME OFF DUTY	HOURS ABSENT reason e.g. 8H sick	PERSON IN CHARGE SIGN	PERSON IN CHARGE PRINT	STUDENT SIGN	NUMBER OF HOURS WIL				
WEEK 1													
D1													
D2													
D3													
D4													
D5													
WEEK 2													
D1													
D2													
D3													
D4													
D5													
WEEK 3													
D1													
D2													
D3													
D4													
D5													
WEEK 4													

D1										
D2										
D3										
D4										
D5										
TOTAL TIME						TOTAL TIME				
HWL 8-3-2022 DATE SUBMITTED TO CLERK:					SIGNATURE OF CLERK:					