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**GRADUATE TRAINING FOR EMPLOYMENT SCHEME (GTES)***Structured Work Placement Component Progress Report for the Graduate*

|  |  |
| --- | --- |
| Name of Graduate in full *(as per NIC)* |  |
| Designation of Graduate in company |  |
| Name of enterprise (as per BRC) |  |
| Name of Work place Supervisor/Mentor*(as per NIC)* |  |
| Designation of Supervisor/Mentor  |  |
| Period of placement/in-house training (as applicable) | From: ……..…../…..…../……..….. to ……..../……..…../……..….. |
|  |  |

 |

**Information for the Graduate**

The **Progress report** is a valuable document as it provides:

* a record of the number of hours completed in structured workplace learning; and
* the activities you undertook during structured workplace learning.

It is **your responsibility** to:

* submit your Progress report to your Supervisor/Mentor every week to certify that you have completed your allocated tasks accurately and to their satisfaction; and
* keep a list of all activities performed in the workplace and have the list signed-off at the end of your Work placement.

This is the opportunity for you to reflect on your work placement and record the outcome thereof.

**Please return your progress report to your workplace Supervisor/Mentor when you have completed your placement.**

**Information for the employer**

The progress report forms a permanent record of the structured workplace learning component.

It would be appreciated if the Supervisor/Mentor could complete the relevant sections which follow where appropriate. A copy of the progress report should be submitted to the HRDC two (2) weeks after the end of the placement period.

**Workplace induction/orientation**

The student has to be given site-specific information relating to the occupational health and safety issues relevant to the particular workplace.

**List of tasks for GTES Graduate** *(to be filled jointly by Supervisor/Mentor and Graduate)*

Course title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training Provider : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Month/week**  | **Tasks assigned by Supervisor/Mentor in line with course objectives** | **Remarks by Mentor** | **Remarks by Graduate**  | **Initial of Graduate** | **Initial of Mentor** | **Date** |
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 *(Please attach additional sheets if necessary)*

**Evaluation of Graduate trainee at the end of structured placement**

*(to be filled by Supervisor/Mentor)*

**To be filled by Supervisor/Mentor at the end of the placement** *(Please tick where appropriate)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Workplace skills** | **Poor** | **Satisfactory** | **Good** | **Excellent** |
| 1. Knowledge acquired
 |  |  |  |  |
| 1. Skills developed
 |  |  |  |  |
| 1. Workplace behaviour
 |  |  |  |  |
| 1. Workplace attitude
 |  |  |  |  |

**Any other comments:**

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Signature of Supervisor/Mentor and company seal