Summary of Activities (2011/12)

Date	Summary of Activities

Office use only: Date logged: / / All attendance logged: ☐

Form Version: FL03 201112 Date form printed 16/09/2011

Wandsworth Borough Council – Adult and Community Learning
Professional Centre, Franciscan Road, London, SW17 8HE Tel: 020 8871 8493

Course Register: Family Learning

This Register is a legal document. It should be completed by the coordinator/teacher responsible for running this course

Please ensure that it is completed in full and that any prepopulated information is correct.

All learners who commenced the course should be listed even if they did not complete. Please ensure that each learner has completed a 'Learner Details' (Enrolment) form. It is essential that **all** sections on the enrolment form are completed.

Organisation:

Course Code:

Contact person

Position/role:

Telephone:

Course or Activity

Course or activity name:

Course No:

Actual start date:

Actual end date:

Number of sessions: **X** **Hours per session:** **=** **Total hours for course:**

If the sessions were different lengths (eg 2 x 2hrs and 1 x 1hr), leave the hours per session box empty - simply write the number of sessions and the total number of course hours.

Day and Time of session:
e.g. Monday 2:00 - 4:00pm. Please give details of all sessions.

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Teacher(s)/Tutor(s)

Main teacher/tutor:

Venue

Venue name:

Full Postcode:

Accredited Courses Only

Awarding Body:

Level:

Step 1: Please ensure that this register contains details of *all* learners who start the course, even if they start late or subsequently drop out of the course. Completed enrolment forms must be returned for each learner.
Step 2: For each session please enter the date of the session and complete the register with the appropriate symbol. **P** = Present **X** = Absent **S** = Sick **A** = absent with known reason **W** = Withdrawn.
Step 3: Achievement – please √ appropriate box. **A**-Full Achievement **PA**-Partial Achievement **N**-No achievement
Step 4: Please return the register to the ACL Team at the Professional Centre

	Surname:	First Name:	Date of session:													Total Lessons Attended	Achievement: Refer to Step 3 A PA N
1.																	
2.																	
3.																	
4.																	
5.																	
6.																	
7.																	
8.																	
9.																	
10.																	
11.																	
12.																	
13.																	
14.																	
			Total Adults:														
			Tutor initials:														

If you require additional copies of this register please contact the ACL Team on 020 8871 7601