

## Off the Job log

Name			
Apprenticeship Standard			
Pathway			
Apprenticeship start date			
Employer			
Shift pattern		College day	

Minimum Off the Job Hours Required	
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Date	Description of activity and where it took place. (College or work)	What new learning took place?	How will you use this in the work place?	Time taken to complete.	Please tick to confirm if these hours were within normal working hours
<b>Running Total</b>					



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