

Month 1 to 3	Brief Description of Works	C1	C2	C3	C4	C5	C6	C7	C8	C9	Σ
Week 1											
Week 2											
Week 3											
Week 4											
Week 5											
Week 6											
Week 7											
Week 8											
Week 9											
Week 10											
Week 11											
Week 12											
Week 13											
Date (from	to)	Σ									

Month 4 to 6	Brief Description of Works	C1	C2	C3	C4	C5	C6	C7	C8	C9	Σ
Week 14											
Week 15											
Week 16											
Week 17											
Week 18											
Week 19											
Week 20											
Week 21											
Week 22											
Week 23											
Week 24											
Week 25											
Week 26											
Date (from	to)	Σ									

Month 7 to 9	Brief Description of Works	C1	C2	C3	C4	C5	C6	C7	C8	C9	Σ
Week 27											
Week 28											
Week 29											
Week 30											
Week 31											
Week 32											
Week 33											
Week 34											
Week 35											
Week 36											
Week 37											
Week 38											
Week 39											
Date (from	to)	Σ									

Extension	Brief Description of Works	C1	C2	C3	C4	C5	C6	C7	C8	C9	Σ
Week 40											
Week 41											
Week 42											
Week 43											
Week 44											
Week 45											
Week 46											
Week 47											
Week 48											
Week 49											
Week 50											
Week 51											
Week 52											
Date (from	to)	Σ									

Summary of Training			C1	C2	C3	C4	C5	C6	C7	C8	C9	Σ
Month 1 to 3 (from	to) Σ										
Month 4 to 6 (from	to) Σ										
Month 7 to 9 (from	to) Σ										
Extension (from	to) Σ										
Grand Total												
<p>I declare that the summation of the time spent in the various competences during the relevant period is a true record of my practical training so far acquired over the relevant period.</p>			<p>I have vetted the correctness of the summation of training as declared by the candidate and my comment on the adequacy of his training has been recorded on his Form APC3/BS submitted to me with his Self Assessment Report for the relevant period.</p>									
Name of Candidate	Signature	Date	Name of Counsellor		Signature			Date				

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