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| **Apprenticeship Off the Job Training Record** | |  |  |  |
|  |  |  |  |  |
| Please use this form to record all off the job training (OtJT) undertaken at the university and in the workplace. | | |  |  |
|  |  |  |  |  |
| **Each form must be submitted to Bud by the last day of every month.** | |  |  |  |
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| **Month: 1** |  |  |  |  |
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| **Name:** |  | **Job Title:** |  | **Workplace/Employer:** |  |

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| **Date** | **Subject of Training/Activity** | **How was training delivered** | **Reflection on learning** | **No. OtJ hours** |
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