**record of apprenticeship**

*This is a monitoring and evaluation document for the employer and the VET provider. The monitoring of the expected learning outcomes can be done during the apprenticeship or after, but the grading by the VET provider should be completed after the finalization of the apprenticeship period.*

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| --- | --- | --- | --- | --- |
| **PARTNER information** | | | | |
| **Apprentice** | | | | |
| Stream Mandaus - Profil by Martin Thornblad l Suset Lydstudio | Listen  online for free on SoundCloud | First name:  Last name:  Date of birth: | | Phone:  Email:  Address: | |
|  | Title of the VET qualification | |  | |
|  | EQF level | |  | |
|  | Unit/module (if applicable) | |  | |
|  | Apprenticeship learning period | | **From: To:** | |
| **Legal representative (if minor)** | |  | | |
| Stream Mandaus - Profil by Martin Thornblad l Suset Lydstudio | Listen  online for free on SoundCloud | First name:  Last name: | |  |  |
|  |
| **VET PROVIDER** | | | | |
|  | Organisation/company name: | |  | Address: |
| **Contact person / Main content supervisor** | | | | |
| Stream Mandaus - Profil by Martin Thornblad l Suset Lydstudio | Listen  online for free on SoundCloud | First name:  Last name: | |  |  |
|  |
| **EMPLOYER** | | | | |
|  | Organisation/company name: | |  | Address: |
| **Mentor / Main content supervisor** | | | | |
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|  |

**for the WORKPLACE mentor**

Assessment of the expected learning outcomes to be achieved during the apprenticeship.

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| **Targets of assessment and criteria:** | **Approved** | **In progress** | **Un-**  **approved** | **Not evaluated** | **Comments** |
| 1.Eg. Apprentice’s work in compliance with the statutes, operating principles, values and ethical principles applicable to the social and health care field. |  |  |  |  |  |
| 2. Eg. Apprentices plan their work and work in cooperation with a multiprofessional team. and material |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| *Please, add here any other comments related to the assessment of the learning outcomes*: | | | | | |

**for the veT PROVIDER**

|  |  |
| --- | --- |
| **Grading of the expected learning outcomes to be achieved during the apprenticeship.** | **Overall grade** |
| The apprenticeship period is approved  The apprenticeship period is unapproved |  |
| *Please, add here any other comments related to the assessment of the learning outcomes*: | |

**Signatures**

By signing this document, the parties confirm that they approve the Apprenticeship Agreement and that they will comply with all the arrangements agreed by all parties. The apprentice and the employer will communicate to the VET provider challenges/changes regarding the period.

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| **Apprentice / Legal representative** | **The VET provider** | **The employer** |
| *Date, name, signature* | *Date, name, signature* | *Date, name, signature* |

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