SA CAMPUS EXAMPLE

Workplace Experience Module

NQF Level 5

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Host Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Programme: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_ / \_\_\_ / 2025

End Date: \_\_\_ / \_\_\_ / 2025

📍 This booklet must be completed during your workplace experience period and submitted to your assessor upon return.

# Section 1: Introduction

This module is designed to help you track your workplace experience. You will complete sections daily, track your attendance, and gather feedback from your supervisor. The purpose is to ensure that you are applying the knowledge and skills from your coursework in a real-world setting.

# Section 2: Student Details

|  |  |
| --- | --- |
| Full Name | Student Number |
| ID Number | Contact Number |
| Programme | Duration |
| Workplace Supervisor | Supervisor Contact |
| Host Company Name | Location |

# Section 3: Attendance Register

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Time In | Time Out | Hours Worked | Supervisor Initials |
|  |  |  |  |  |

# Section 4: Daily Activity Log

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Description of Tasks Performed | Skills Applied | Challenges Faced |
|  |  |  |  |

# Section 5: Supervisor Feedback

To be completed by the workplace supervisor at the end of the workplace period.

1. How would you rate the student’s overall performance?
☐ Excellent ☐ Good ☐ Satisfactory ☐ Needs Improvement

2. What strengths did the student demonstrate during this experience?
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Areas for improvement:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Would you host another student from this programme in the future?
☐ Yes ☐ No

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_ / \_\_\_ / 2025

# Section 6: Student Reflection

Please complete the following questions to reflect on your experience.

- What did you learn from this experience?
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- Which part of the experience was most valuable to you and why?
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- How will this experience influence your future career plans?
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_ / \_\_\_ / 2025

# Section 7: Final Sign-Off

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Role | Signature | Date |
| Student |  |  |  |
| Supervisor | Workplace Representative |  |  |
| Assessor/Moderator | Training Provider |  |  |