**Evidence of teaching practice**

This form is to be completed by the candidate and each entry of teaching practice counter signed by an appropriate member of the personnel at the venue. Where the candidate is working independently and cannot provide a counter signature then the parent of a class participant will suffice. Trinity may need to verify this.

On signing this form the candidate agrees that it is a fair and accurate account of their teaching practice.

All teaching practice must be accumulated in the 12 month period leading up to their Unit 6 assessment.

**Candidate Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Candidate ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Candidate signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Name of Institute/school/course** | **Description of work and role** | **Inclusive dates of sessions and length** | **Total hours taught** | **Signed** | **Job Title/Parent** | **Date** | **Candidate initials** |
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