

MENTOR NAME:

ACTIVITIES COMPLETED:















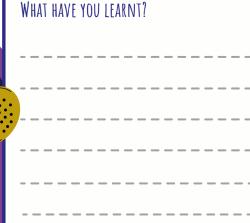








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TELL US ABOUT YOUR WEEK...

MENTOR Name:

DATE:	
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HOURS COMPLETED:

MENTOR Name:

ACTIVITIES COMPLETED:









HOW HAS YOUR WEEK BEEN? (Circle Answer)















TELL US ABOUT YOUR WEEK
WHAT HAVE YOU LEARNT?



YOU ARE NOW OVER HALF WAY THROUGH THE PROGRAMME!

MENTOR FEEDBACK



TELL US ABOUT YOUR WEEK...

110	Hause	Coverage
	DATE:	

(Hours Completed: _____

ACTIVITIES COMPLETED:

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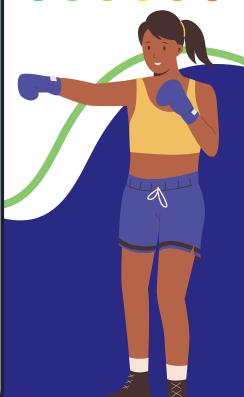












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