

Student's report

FERIAL PRACTICE

REPORT 20---

01	Surname	Name
	Post code Place	Street

02	COMPANY	Name	
		Post code	Place
		Street	
		Tel.	
		Fax	

03	DEPARTMENT		from	till
		Kitchen		
		Servicing		
		Reception		
		Other		

04	MENTOR	Name	
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05	WORKING TIME	Weekly	
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06	FREE DAYS	Number/week	
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07	Overnight hours	O Yes	O Voluntary
		O No	O Against his own will

08	REMUNERATION	Time:	Amount:
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09	CARE	Evaluate with X	5	4	3	2	1
		Food					
		Accomodation					
		Education					
		Atmosphere in the firm					
		Total impression					

10	NOTES	
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Signature of the student.....

To the ferial practice coordinator/teacher