**Notification of Absence from Professional Experience**

**Pre-service Teacher Details:**

Name: Click or tap here to enter text.

Unit Code: Click or tap here to enter text.

Student ID: Click or tap here to enter text.

School: Click or tap here to enter text.

**The above Pre-service Teacher has been absent from Professional Experience from:**

|  |
| --- |
| FROM: (DAY/DATE) Click or tap here to enter text. |
| TO: (DAY/DATE) Click or tap here to enter text. |
| TOTAL NUMBER OF DAYS: Click or tap here to enter text. |

Is this absence related to COVID-19? Choose an item.

PLEASE PROVIDE REASONS/DETAILS FOR ABSENCE(S)

Click or tap here to enter text.

A Medical Certificate is attached: Choose an item.

Date: Click or tap here to enter text.

**Instructions:**

1. Please forward the completed form to your University Supervisor.
2. Attach relevant supporting documentation.
3. Provide a copy to your Unit Coordinator.