Notification of Absence from Professional Experience

Supervising ECT please forward this form to:

The Professional Experience Office
School of Education
The University of Notre Dame Australia
PO Box 944
Broadway NSW 2007
Fax: (02) 9211 2193
Email: sydney.peo@nd.edu.au

Name of teacher education student: _____

Teacher education student number: _____

Name of early childhood centre: _____

From: (time and date) _____ To: (time and date) _____ (inclusive)

Total number of days: _____

Details of absence: _____

(Type of Leave)

Reason for absence: _____

Medical certificate: Yes No

Name of practitioner: Dr _____

Teacher education student signature: _____ Date: _____

ECT signature: _____ Date: _____