

## DSA Timesheet



Student Name	
Student CRN	
Student D.O.B	
Support Type	On site training

INVOICE NUMBER	
Company Name	Digital Hearing Care Solutions Ltd
Funding Body	SFE

### Attended Sessions

Location	Mode of Delivery	Date	Start Time (HH:MM)	Finish Time (HH:MM)	Total Breaks* (HH:MM)	Total Hours	Student Signature	Support Worker (PRINT NAME)	Support Worker Signature
	Face to face								

\*Breaks – Support provided more than 8 consecutive hours are expected to include a break. Breaks must be recorded within 15min blocks. ‘Comfort’ breaks taken during shorter sessions do not need to be declared

### Missed or Cancelled Sessions

Only chargeable missed/cancelled sessions should be included in this section. To ensure that we can process the invoice in a timely manner, please state the date and time when you were informed by the student that the session was cancelled along with the reason for cancellation. For non attendance please enter “NA” into the *Date and Time Informed* box below.

Reason	Date	Start Time (HH:MM)	Finish Time (HH:MM)	Total Hours	Date & Time Informed

TOTAL TIMESHEET HOURS	
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