



Great Lakes University of Kisumu

Faculty of Health Sciences

Department of Community Health & Development

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## **STUDENT'S ATTACHMENT LOG BOOK**

**PERSONAL DETAILS**

NAME OF STUDENT.....CELLPHONE NUMBER.....

DEPARTMENT ..... COURSE.....

LEVEL OF TRAINING.....CLASS.....

**PLACE OF ATTACMENT DETAILS**

NAME OF ORGANISATION .....

ADDRESS.....

**SUPERVISOR’S DETAILS**

NAME.....

CELLPHONE NUMBER.....

ATTACHMENT PERIOD.....

START..... END.....

**DURATION: 12 WEEKS**

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*... Your community partner...*

## **INTRODUCTION**

This book is to assist the student to keep record of the training. It will show the departments and sections in which the student has worked and the periods of time spent in each.

## **INSTRUCTION TO THE STUDENT**

The attachment program is considered as two examinable units that the students are supposed to undertake and be examined. The whole exercise is marked out of 100 marks.  
i.e. The Industry supervisor 30 marks, University supervisor 30 marks, Industrial attachment report 30 marks and Log Book Presentation 10 marks.

## **NOTICE OF RESUMPTION OF ATTACHMENT.**

The student is supposed to notify the Attachment coordinator by filling a form provided regarding the details where he/she is attached. This should be communicated to the above within the first week of getting the attachment.

## **DAILY REPORT**

The daily work carried out during the period of training is to be recorded clearly with sketches and diagrams where applicable.

## **WEEKLY SUMMARY REPORT**

This is summary of the work done in a week and should cover a report of work covered. Students are required to present the logbook weekly to the industry-based supervisor for assessment of content and progress. The supervisor can use any page for his/her comments where necessary.

## **CHANGE OF ATTACHMENT**

A student is expected to start and finish his/her attachment in one establishment. If it becomes absolutely necessary that he/she must change his/her place of attachment, the student should first secure permission in writing from the university.

His/her application for change of place of attachment should indicate the name and address (not just post office box) of the company or industry to which he/she wishes to transfer. Any attachment not properly authorized will be cancelled.

## **ATTACHMENT LOGBOOK**

The logbook will be filled by the student at the end of every working day and should comprehensively indicate the tasks done and the skilled learnt in that particular day. The logbook should be kept at the work place and **MUST NOT** be carried home.

### **UNIVERSITY SUPERVISOR'S VISIT**

The university supervisor will check the logbook when he/she visits the students to ensure that proper training is being received, and record his/her comment on the paper provided for that purpose, toward the end of the book.

### **INDUSTRY BASED SUPERVISOR**

The industry-based supervisor(s) will make comments on a weekly basis on the sheet of paper provided. This is to ensure that if the student is to rotate to several departments and units each unit supervisor will comment on the student performance.

### **INDUSTRY BASED SUPERVISOR'S EVALUATION**

Towards the end of the attachment, program the industry-based supervisor will undertake an overall assessment as per the form that shall be provided. These should be filled in confidence and sent to the university in a sealed envelope

### **REPORT WRITING**

In addition to the daily and weekly record, the student should submit a report of the work done during the attachment. e.g full coverage of the attachment, problems encountered e.t.c. Suggest improvements to make the program worthwhile.

The report should contain a background and a summary of activities of the organization, institution, where the student was attached. The student is expected to point out weak and strong points of the attachment. The report should be comprehensive and covering key issues learnt in the organization. It should be typed.

### **REPORT SUBMISSION**

The logbook and report must be submitted to the attachment coordinator at the end of the attachment. Attach the letter from the employment that granted you the attachment vacancy indicating when the attachment started and when it will end.

The Log-Book should be well bound.

## STUDENT'S PARTICULARS

Name of student.....  
(Surname first)

Registration No. of the student.....

Faculty.....

Course of Study.....

Stage/year of study.....

Name and address of company/establishment  
attached.....

.....

.....

Name of Industry based supervisor.....

.....

Designation.....

Telephone contact.....Mobile.....

Duration    From:.....

To:.....

**Draw the organization Chart of the institution or organization you are attached.**

**WEEK ONE- TWO MEET YOUR SUPERVISOR, ENTRY, ORIENTATION, SITUATION ANALYSIS,  
MEET COMMUNITY RESOURCE PERSONS**

**STUDENT’S WEEKLY PROGRESS CHART (WEEK ENDING: .....)**

DAY	DESCRIPTION OF WORK DONE	NEW SKILLS LEARNT
Mon.		
Tue.		
Wed.		
Thur.		
Fri.		

## This image shows a full page of blank, lined paper. It features approximately 28 evenly spaced horizontal black lines across its entire width, providing a template for handwriting practice or general note-taking. The lines are uniform in thickness and spacing, extending from the left edge to the right edge of the page.

[illegible]

... *Your community partner*...



**WEEK THREE – FOUR MATERNAL, CHILD, HEALTH CLINIC****-LOOK, LISTEN, LEARN,****-OUT REACH CLINIC- AS SCHEDULED (MEET CHVs &KNOW THEIR ROLE IN MCH SERVICES)****-ATTEND CONTINUOUS EDUCATION MEETINGS****-HEALTH EDUCATION AND PROMOTION TO CLIENTS etc****- IMPORTANCE OF ANTENATAL CARE****-FAMILY PLANNING****- IMMUNIZATION AND CHILD HEALTH &GROWTH MONITORING****-POSTNATAL CLINIC****-PERFORM DUTIES AS ASSIGNED BY YOUR SUPERVISOR ( KNOW YOUR BOUNDARIES)****STUDENT’S WEEKLY PROGRESS CHART (WEEK ENDING: )**

DAY	DESCRIPTION OF WORK DONE	NEW SKILLS LEARNT
Mon.		
Tue.		
Wed.		
Thur.		
Fri		

*... Your community partner...*

[illegible][illegible]

... *Your community partner*...

## WEEK FIVE - SIX AND FOUR: PATIENTS CARE CENTRE

- LLL, FARMILIARISE YOURSELF WITH SERVICES PROVIDED FOR CLIENTS OUTREACH CLINICS,
- WORK WITH THE COMMUNITY RESOURCE PERSONS & LEARN HOW THEY LINK CLENTS FOR CARE AND FOLLOW-UP, COUNSELING, TB CARE, HISV/AIDS CARE,
- LEARN COMMUNITY INFORMATION SYSYTEM AND ITS IMPORTANCE etc

### STUDENT'S WEEKLY PROGRESS CHART (WEEK ENDING: .....)

DAY	DESCRIPTION OF WORK DONE	NEW SKILLS LEARNT
Mon.		
Tue.		
Wed.		
Thur.		
FRI		

... Your community partner...

[illegible][illegible]

... *Your community partner*...

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NAME.....SIGNATURE.....DATE.....  
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**WEEK SEVEN-EIGHT**  
**HEALTH INFORMATION SYSTEM – HEALTH RECORS ( MANUAL AND EMR)**  
**ENTRY AND USE**  
**LINK BETWEEN COMMUNITY AND HEALTH FACILITY RECORDS, BIRTH REGISTRATION**  
**AND DEATH REGISTRATION, DHIS**  
**STUDENT’S WEEKLY PROGRESS CHART (WEEK ENDING: .....)**

DAY	DESCRIPTION OF WORK DONE	NEW SKILLS LEARNT
Mon.		
Tue.		



**SUPERVISOR'S COMMENTS**NAME.....SIGNATURE.....DATE.....

... *Your community partner*...

**WEEK NINE –TEN**

**NOTE – BOOK FOR ASSESSMENT**

**NUTRITION DEPARTMENT – CHILD WELFARE, GROWTH AND DEVELOPMENT**

**MATERNAL NUTRITION, NUTRITION SUPPLEMENTS, MALNUTRITION MANAGEMENT, FOOD SECURITY**

**STUDENT’S WEEKLY PROGRESS CHART**

**(WEEK ENDING: .....)**

<b>DAY</b>	<b>DESCRIPTION OF WORK DONE</b>	<b>NEW SKILLS LEARNT</b>
Mon.		

*... Your community partner...*



Tue.		
Wed.		
Thur.		
Fri.		

**TRAINEE’S WEEKLY REPORT**

... Your community partner...

... *Your community partner...*

**WEEK ELEVEN – TWELVE**

**ENVIRONMENTAL HEALTH- COMMUNITY SANITATION, WASTE DISPOSAL, SCHOOL HEALTH AND HYGIENE, DEWORMING, HEALTH EDUCATION AND PROMOTION, CLTS, IDENTIFY ODF HOUSEHOLDS**

**NOTE- ASSESSMENT WEEK**

**STUDENT’S WEEKLY PROGRESS CHART (WEEK ENDING: .....)**

DAY	DESCRIPTION OF WORK DONE	NEW SKILLS LEARNT
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Mon.		
Tue.		
Wed.		
Thur.		
Fri.		

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Handwriting practice lines (10 lines).

NAME..... SIGNATURE.....DATE.....

**GLUK SUPERVISOR: END OF ATTACHMENT COMMENTS**

Handwriting practice lines (30 lines).

NAME.....SIGNATURE.....DATE.....