

LEARNER DAILY ACTIVITIES LOGBOOK**Learner Name:** Shalom Kaizer Marimi**Mentor Name and Tel:** (011) 759 5930**Learnership Intake:** System Development 2016**Company Name:** Dynamic Visual Technologies**Please refer to Workplace Task Mapping for a breakdown of prescribed activities.**

This form must be completed everyday and signed off by both the Learner and respective Mentor
 This form is intended for generic use.

Please return to Torque-IT at the following Fax number every Friday: 086 632 9687 / pontshoh@torque-it.com / matlhogonolon@torque-it.com

Date	Task/s Completed (refer to Workplace Task Mapping)	Completed to satisfaction Yes/No	Time Taken in hours	Problems Experienced (if any)	General Comments	Learner Signature	Mentor's Signature
13-Jun-16	Prepared workplace machines. Installed required Softwares.	Yes	6 Hours	None	None	<i>Shalom</i>	
14-Jun-16	Absent	N/A	N/A	N/A	Had an appointment for exam with UNISA	<i>Shalom</i>	
15-Jun-16	Absent	N/A	N/A	N/A	Had an appointment for exam with UNISA(Demonstration Session)	<i>Shalom</i>	
16-Jun-16	Holiday	N/A	N/A	N/A	Holiday	<i>Shalom</i>	
17-Jun-16	Day-Off	N/A	N/A	N/A	Given a day off	<i>Shalom</i>	