

**LEARNER DAILY ACTIVITIES LOGBOOK****Learner Name:** pfariso budeli**011 479 5930****software development****Company Name:** dynamic vusual technology**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
20-Jun-16	working on the business plan	yes	8 hours				
21-Jun-16	prepare for the presentation	yes	4 hours				
21-Jun-16	business plan finished	yes	4 hour				
22-Jun-16	present project	yes	4 hours				