**20-hour Community Work**

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| --- | --- | --- | --- | --- |
| **Student’s Details** | | | | |
|  |  |  |  |  |
| **Name:** |  |  | **Surname:** |  |
| **ID:** |  |  | **Institute:** |  |
| **Level:** |  |  | **Course:** |  |
|  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Contact Person’s Details** | | | | | | |
|  | |  | |  |  |  |
| **Name:** | |  | | |  | **Surname:** |  | |
| **E-mail** | |  | | |  | **Mobile:** |  | |
| **Start Date:** | |  | | |  | **End Date:** |  | |
|  | |  | | |  |  |  | |
| **Organisation & Address:** | | | |  | | | | |

As part of the **Community & Social Responsibility component**, MCAST students are to perform 20 hours of service by the end of the academic year. The students are to establish communication with a contact person. Signatures and photographs are to be obtained as proof of the 20-hour experience.

**Proof of attendance**

|  |  |  |
| --- | --- | --- |
| **Date** | **Duration** | **Signature** |
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