

# Ministry of Industry, Commerce and Employment

Department of Employment & Entrepreneurship



## YELP Logbook

Youth Engagement and Livelihood Program

## Participant & Placement Information

<p><b><i>Personal Information:</i></b></p> <p>Name of Candidate: .....</p> <p>Sector: ..... Engaged Position: .....</p> <p>Citizenship ID No: ..... Jobseeker No: .....</p> <p>Present Address: .....</p> <p>Contact Number of Candidate: ..... *Saving A/c No.: .....</p> <p>Email ID: ..... TPN No.: .....</p>
<p><b><i>Permanent Address of Candidate:</i></b></p> <p>Village: ..... Gewog: .....</p> <p>Dungkhag: ..... Dzongkhag: .....</p>
<p><b><i>Guardian Details:</i></b></p> <p>Name of Guardian: ..... Relationship with Guardian: .....</p> <p>Citizenship ID Number of Guardian: ..... Phone Number: .....</p> <p>Permanent Address of the Guardian: .....</p>

*\*The candidate must open Bank of Bhutan(BoB) Saving Account and submit to the YELP Focal Officer.*

### Agency Information:

<p>Name of Agency: .....</p> <p>Phone Number: ..... Email Id: .....</p> <p>Address of Agency: .....</p>
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**The purpose of the logbook:**

The logbook is a valuable document that contains a record of skills and knowledge achieved by you during your apprenticeship training period.

The purpose of this logbook is to keep record of the skills and knowledge/competencies achieved by you in specific occupation during your attachment with the Skilled Supervisor (SS).

The logbook will provide all users with a record of:

1. The status of the skills and knowledge/competencies achieved;
2. How, when and where this skills and knowledge/competencies has been achieved;
3. Who has been involved in providing and assessing the training.

**Instructions to Maintain the Log Book**

The candidate has the main responsibility for maintaining this logbook.

1. As credit will be given to candidate at the end of the training, s/he must maintain the logbook daily, keep it safe, neat and clean.
2. It is important that daily entries should be made at the end of the day and submit to your skilled supervisor every week for verification and comments.
3. Daily entries of various work performed by candidate should indicate as clearly as possible.
4. Indicate problems encountered every day in workplace and discuss with the supervisor to solve the problem.
5. The logbook should be available for inspection whenever called for by any authorized officer from the Department of Employment and Entrepreneurship.
6. Your performance will be assessed by the supervisor through the performance evaluation sheet biannually, therefore, submit the performance evaluation sheet must be submitted to the Department after completion of engagement.

Thank you

## Record of Daily Activities

Month: .....

<b>Date</b>	<b>Brief Description of work carried out</b>	<b>Remarks/Signature of Supervisor</b>

Problem encountered (If any):

1. ....
2. ....
3. ....

## Record of Daily Activities

Month: .....

Date	Brief Description of work carried out	Remarks/Signature of Supervisor

Problem encountered (If any):

1. ....
2. ....
3. ....

## Record of Daily Activities

Month: .....

Date	Brief Description of work carried out	Remarks/ Signature of Supervisor
Problem encountered (If any):		
1. ....		
2. ....		
3. ....		

## Record of Daily Activities

Month: .....

<b>Date</b>	<b>Brief Description of work carried out</b>	<b>Remarks/ signature of Supervisor</b>
<p>Problem encountered (If any):</p> <p>1. ....</p> <p>2. ....</p> <p>3. ....</p>		

## Record of Daily Activities

Month: .....

<b>Date</b>	<b>Brief Description of work carried out</b>	<b>Remarks/ signature of Supervisor</b>

Problem encountered (If any):

1. ....
2. ....
3. ....



## Record of Daily Activities

Month: .....

<b>Date</b>	<b>Brief Description of work carried out</b>	<b>Remarks/ signature of Supervisor</b>

Problem encountered (If any):

1. ....
2. ....
3. ....

## Record of Daily Activities

Month: .....

<b>Date</b>	<b>Brief Description of work carried out</b>	<b>Remarks/ signature of Supervisor</b>
<p>Problem encountered (If any):</p> <p>1. ....</p> <p>2. ....</p> <p>3. ....</p>		

## Record of Daily Activities

Month: .....

Date	Brief Description of work carried out	Remarks/ signature of Supervisor
Problem encountered (If any):		
1. ....		
2. ....		
3. ....		

## Record of Daily Activities

Month: .....

<b>Date</b>	<b>Brief Description of work carried out</b>	<b>Remarks/ signature of Supervisor</b>
Problem encountered (If any):		
1. ....		
2. ....		
3. ....		

## Record of Daily Activities

Month: .....

<b>Date</b>	<b>Brief Description of work carried out</b>	<b>Remarks/ signature of Supervisor</b>
<p>Problem encountered (If any):</p> <p>1. ....</p> <p>2. ....</p> <p>3. ....</p>		

## Record of Daily Activities

Month: .....

Date	Brief Description of work carried out	Remarks/ signature of Supervisor
Problem encountered (If any):		
1. ....		
2. ....		
3. ....		

## Record of Daily Activities

Month: .....

Date	Brief Description of work carried out	Remarks/ signature of Supervisor
Problem encountered (If any):		
1. ....		
2. ....		
3. ....		

## Performance Evaluation Form

**Review Period:** From ..... *Start Date* ..... to ..... *End Date* .....

<b>Ratings</b>					
Rate from a score of 1 to 5	Needs Improvement (score Value -1)	Below Expectation (score value- 2)	3- Meets Expectation (score value - 3)	4-Exceeds Expectation (score value - 4)	5- Outstanding (score value - 5)
<b>Job Knowledge (tick)</b>					
Comments if any;	.....				
<b>Work Quality (tick)</b>					
Comments if any;	.....				
<b>Attendance/ punctuality(tick)</b>					
Comments if any;	.....				
<b>Initiative (tick)</b>					
Comments if any;	.....				
<b>Communication Skills(tick)</b>					
Comments if any;	.....				
<b>Attitude (tick)</b>					
Comments if any;	.....				
<b>Dependability (tick)</b>					
Comments if any;	.....				

**Overall Ratings (Average of the above ratings):**

- |                      |                        |                |
|----------------------|------------------------|----------------|
| 1. Needs Improvement | 3. Meets Expectation   | 5. Outstanding |
| 2. Below Expectation | 4. Exceeds Expectation |                |

Additional Comments (if any): .....

**Employer's Signature and Seal (Evaluator):** ..... **Date:** .....



## Performance Evaluation form to be evaluated on Biannually Basis

**Review Period:** From ..... *Start Date* ..... to ..... *End Date* .....

<b>Ratings</b>					
Rate from a score of 1 to 5	Needs Improvement (score Value -1)	Below Expectation (score value- 2)	3- Meets Expectation (score value - 3)	4-Exceeds Expectation (score value - 4)	5- Outstanding (score value - 5)
<b>Job Knowledge (tick)</b>					
Comments if any;	.....				
<b>Work Quality (tick)</b>					
Comments if any;	.....				
<b>Attendance/ punctuality(tick)</b>					
Comments if any;	.....				
<b>Initiative (tick)</b>					
Comments if any;	.....				
<b>Communication Skills(tick)</b>					
Comments if any;	.....				
<b>Attitude (tick)</b>					
Comments if any;	.....				
<b>Dependability (tick)</b>					
Comments if any;	.....				

**Overall Ratings (Average of the above ratings):**

- |                      |                        |                |
|----------------------|------------------------|----------------|
| 1. Needs Improvement | 3. Meets Expectation   | 5. Outstanding |
| 2. Below Expectation | 4. Exceeds Expectation |                |

Additional Comments (if any): .....

**Employer's Signature and Seal (Evaluator):** ..... **Date:** .....

### Attendance Sheet

Name: ..... BoB Ac/no..... CID. No.: .....

*Note: The office will release the allowance only upon receiving this form duly signed by the skilled supervisor.*

Date Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Signature of Supervisor & Agency Seal
January																																
February																																
March																																
April																																
May																																
June																																
July																																
August																																
September																																
October																																
November																																
December																																

Name of the Agency: ..... Signature of Skilled Supervisor: ..... Date: ..... *Appointment Date* .....

### Attendance Sheet

Name: ..... BoB Ac/no..... CID. No.: .....

*Note: The office will release the allowance only upon receiving this form duly signed by the skilled supervisor.*

Date Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Signature of Supervisor & Agency Seal	
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Name of the Agency: ..... Signature of Skilled Supervisor: ..... Date: *Appointment Date* .....

