**The report on the schedule and duration of the direct mentoring support to the client**

|  |  |  |
| --- | --- | --- |
| Day/Date of visit | Activity description | Number of working hours devoted to the client |
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|  |  |  |
| Total |  |  |

I would hereby like to inform RAS that the mentor has provided support to my economic entity directly within my business/work premises, as is shown in the table.

Date:

Client's name/title:

L.S. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature)