**St. Aidan’s Comprehensive School**

**TRANSITION YEAR WORK PLACEMENT SUMMARY SHEET 20-31 MAY 2024**

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| **A. Student Details** | **B. Parent/Guardian Details** |
| **Student name:** | **Parent/Guardian name:** |
| **Student address:** | **Parent/Guardian address:** |
| **Parent/Guardian mobile number:** |
| **Student has personal accident cover: Yes No** | **Parent/Guardian work number:** |
| **Relevant student medical conditions:** | |
| **Please indicate if this form covers: Week 1= 20-24/05/2024 Week 2 27-31/05/2024 both weeks** | |

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| **C. School Details** | | |
| **School name: St. Aidan’s Comprehensive School** | | **School phone number:049 5552161** |
| **School address:**  **Cootehill,**  **Co. Cavan**  **H16CV91** | | **School email:** [**office@staidans.ie**](mailto:office@staidans.ie) |
| **Contact person name: Deirdre Marren** |
| **Contact person work phone number: 049 5552161** |
| **Contact person work email:** [**deirdremarren@staidans.ie**](mailto:deirdremarren@staidans.ie) |
| **School insurance details:** Students on work experience are State Indemnified. Statement is on the school website & will be emailed to employes. |  | |

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| **D. Host Employer Details (to be completed by Host Employer)** | | |
| **Host employer:** | | **Host employer phone number:** |
| **Host employer address:** | | **Contact person name:** |
| **Contact person role:** |
| **Contact person phone number:** |
| **Contact person email\*:** |
| \*Please provide an email if at all possible, this makes it much easier to send and receive documents/evaluations etc | The host employer has employers’ liability and public liability cover in place: Yes No  The school may request copies of such insurance documentation. | |

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| **E. Placement Details (to be completed by Host Employer)** | |
| **Placement programme: Transition Year work experience** | |
| **Type of work placement:** | **Hours of work** |
| **Description of tasks to be performed:** | |
| **Health & Safety Statement Declaration: I declare I have a H&S statement in place.**  **Signed by employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

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| **Please read the above information and sign below if satisfied with the work experience arrangements. All signatures are required!** |

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_ Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_**

**STUDENT PARENT**

**Signed:\_Deirdre Marren Date:\_\_\_\_\_\_\_ Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_**

**TY COORDINATOR EMPLOYER**