



WORK PLACEMENT SUMMARY SHEET

To be completed for ALL work experience placements

Date of Placement	
From: _____	To: _____
<input type="checkbox"/> Sections A, B and C to be completed by the student/parent/guardian.	
<input type="checkbox"/> Sections D and E are then to be completed by the host employer, signed and returned to the school contact person directly or via the student. The host employer should retain a completed version for their records.	
A. Student Details	B. Parent/Guardian Details
Student name:	Parent/Guardian name:
Student class:	
Student address:	Parent/Guardian address:
	Parent/Guardian mobile number:
Student requires Garda clearance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Guardian work number:
Student has Garda clearance: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relevant student medical conditions:	
C. School Details	
School name: Dunshaughlin Community College	School phone number: 018259137
School address: Dunshaughlin, Co. Meath	Contact email: mregan.dcc@lmetb.ie
	Contact person name: Megan Regan
	Contact person work phone number: 018259137
School insurance details:	Fully indemnified by LMETB.

Please confirm that the following documents have been provided to the host employer:

Insurance Indemnity Form

Host Employers Guidance Leaflet



D. Host Employer Details (to be completed by Host Employer)

Host employer:	
Host employer address:	Contact person name:
	Contact person role:
	Contact person phone number:
	Contact person email:

E. Placement Details (to be completed by Host Employer)

Placement programme: Transition Year	
Type of work placement: Friday during school term <input type="checkbox"/> Block Week placement <input type="checkbox"/>	Start time: _____ Finish time: _____
Brief description of tasks to be performed:	
Please tick to confirm the following are in place: Public Liability Insurance <input type="checkbox"/> Safety Statement <input type="checkbox"/> Risk Assessment completed <input type="checkbox"/>	

Signed: _____ Date: _____ STUDENT
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Signed: _____ Date: _____ PARENT/GUARDIAN
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Signed: _____ Date: _____ SCHOOL CONTACT

Signed: _____ Date: _____ EMPLOYER
