

## St. Aidan's Comprehensive School

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

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: <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Guardian work number:
Relevant student medical conditions:	
Please indicate if this form covers: Week 1= 20-24/05/2024 <input type="checkbox"/> Week 2 27-31/05/2024 <input type="checkbox"/> both weeks <input type="checkbox"/>	

C. School Details	
School name: St. Aidan's Comprehensive School	School phone number: 049 5552161
School address: Cootehill, Co. Cavan H16CV91	School email: <a href="mailto:office@staidans.ie">office@staidans.ie</a>
	Contact person name: Deirdre Marren
	Contact person work phone number: 049 5552161
	Contact person work email: <a href="mailto:deirdremarren@staidans.ie">deirdremarren@staidans.ie</a>
School insurance details: Students on work experience are State Indemnified. Statement is on the school website & will be emailed to employees.	

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 <input type="checkbox"/> No <input type="checkbox"/> The school may request copies of such insurance documentation.

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: _____	

**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: <u>Deirdre Marren</u>	Date: _____	Signed: _____	Date: _____
TY COORDINATOR		EMPLOYER	