St. Aidan's Comprehensive School

TRANSITION YEAR WORK PLACEMENT SUMMARY SHEET 18-22 DEC 2023

Student name: Parent/Guardian name: Parent/Guardian address: Parent/Guardian address: Parent/Guardian address: Parent/Guardian mobile number: Parent/Guardian number: Parent/Guardian mobile number: Parent/Guardian mobile number: Parent/Guardian Pare	A. Student Details	B. Parent/Guardian Details
Parent/Guardian mobile number:	Student name:	Parent/Guardian name:
Student has personal accident cover:	Student address:	Parent/Guardian address:
Relevant student medical conditions: For TY placement only: Please indicate if this form covers: Dec Week		Parent/Guardian mobile number:
C. School Details	Student has personal accident cover: Yes No	Parent/Guardian work number:
C. School Details	Relevant student medical conditions:	
School name: St. Aidan's Comprehensive School School phone number: 049 5552161	For TY placement only: Please indicate if this form covers: Dec Week May Week 1 May Week 2	
School address: Cootehill, Co. Cavan H16CV91	C. School Details	
Contact person name: Deirdre Marren Contact person work phone number: 049 5552161 Contact person work email: deirdremarren@staidans.ie Contact person work email: deirdremarren@staidans.ie D. Host Employer Details (to be completed by Host Employer) Host employer address: Contact person name: Contact person name: Contact person name: Contact person name:	School name: St. Aidan's Comprehensive School	School phone number:049 5552161
Contact person work phone number: 049 5552161 Contact person work phone number: 049 5552161 Contact person work email: deirdremarren@staldans.ie School insurance details: Students on work experience are State Indemnified. A statement is available and will be provided by student. D. Host Employer Details (to be completed by Host Employer) Host employer address: Contact person name: Contact person email: The host employer have employers' liability and public liability cover in place: Yes No 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: Health & Safety Statement Declaration: I declare I have a H&S statement in place. Signed: Date: Please confirm that the following documents have been provided to the host employer: Bigned: Date: Signed: Date: Parent/Guardian Signed: Date: Parent/Guardian Signed: Date: Parent/Guardian Signed: Date:		School email: office@staidans.ie
Contact person work phone number: 049 5552161 Contact person work email: deirdremarren@staldans.ie D. Host Employer Details (to be completed by Host Employer)		Contact person name: Deirdre Marren
Contact person work email: deirdremarren@staldans.ie		Contact person work phone number: 049 5552161
D. Host Employer Details (to be completed by Host Employer)	UTOCARI	Contact person work email: deirdremarren@staidans.ie
Host employer: Host employer address: Contact person name: Contact person role: Contact person phone number: Contact person phone number: Contact person phone number: Contact person phone number: Contact person phone number: Contact person email: The host employer has employers' liability and public liability cover in place: Yes No 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: Health & Safety Statement Declaration: I declare I have a H&S statement in place. State name and company if applicable. Signed: Date: Please confirm that the following documents have been provided to the host employer: Host Employers Guidance Leaflet State Indemnity Confirmation Statement Please read the above information and sign below if satisfied with the work experience arrangements. Signed: Date: Student Signed: Date: Parent/Guardian Signed: Date:	State Indemnified. A statement is available and will be	
Host employer address: Contact person name: Contact person phone number: Contact person phone number: Contact person phone number: Contact person phone number: Contact person email: The host employer has employers' liability and public liability cover in place: Yes No 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. State name and company if applicable. Signed: Date: Date: Please confirm that the following documents have been provided to the host employer: Host Employers Guidance Leaflet State Indemnity Confirmation Statement Please read the above information and sign below if satisfied with the work experience arrangements. Signed: Date: Student Signed: Date: Date: Parent/Guardian Signed: Date: Date: Date:	D. Host Employer Details (to be completed by Host Employer)	
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Description of tasks to be performed: Health & Safety Statement Declaration: I	Placement programme: Transition Year work experience	
Health & Safety Statement Declaration: I	Type of work placement:	Hours of work
Signed:	Description of tasks to be performed:	
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Student Parent/Guardian Signed: Deirdre Marren Date: Signed: Date:	Please read the above information and sign below if satisfied with the work experience arrangements.	
Student Parent/Guardian Signed: Deirdre Marren Date: Signed: Date:	Signed: Date:	Signed: Date:
Coordinator Employer	Signed: Deirdre Marren Date:	Signed: Date:
F -7-	Coordinator	Employer

