**Work Placement Summary Sheet**

* Sections A, B and C to be completed by the school, in consultation with the student and a signed version forwarded to the host employer.
* 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.

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| 1. **Student Details** | 1. **Parent/Guardian Details** |
| **Students name:** | **Parent/Guardian name:** |
| **Student address** | **Parent/Guardian address:** |
|  | **Parent/Guardian mobile number:** |
| **Student has personal accident cover:** | **Parent/Guardian work number:** |
| **Relevant student medical conditions:** | |
| **Programme: LCA 🞎 (Each Friday) TY 🞎 (Each Tuesday) LCVP 🞎 (Full Week) PLC 🞎 (2 Weeks)** | |
| **Start date of placement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End date of placement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

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| 1. **School Details** | |
| **School name:** Ramsgrange Community School | **School phone number:** 051 389211 |
| **School address:**  Ramsgrange,  New Ross,  Co. Wexford | **School email:** ramsgrange@eircom.net  **Contact Person work email:**  [louise.walsh@ramsgrangecommunityschool.ie](mailto:louise.walsh@ramsgrangecommunityschool.ie) |
| **Contact person name:**  Ms L Walsh (TY/LCA/LCVP) or Ms H Hart (PLC) | **Contact person work phone number:**  051 389211 |
| **School insurance details** | State indemnified |

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| 1. **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:** |
| **Host employer insurance details:** | **Please tick as appropriate:**  The host employer has employers has  Employers liability cover in place 🞎 and  Public liability cover in place 🞎  The school may request copies of such insurance documentation |

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| 1. **Placement Details(to be completed by Host Employer)** | |
| **Placement Programme:** | |
| **Type of work placement:** | **Hours of work:** |
| **Description of tasks to be performed:** | |

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

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| **Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_**  **Student** |  | **Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_**  **Parent/Guardian** |

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| **Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_**  **School contact person** |  | **Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_**  **On behalf of the Host Employer** |