****

**Work Placement Summary Sheet**

Step 1: 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.

Step 2: 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.

|  |  |
| --- | --- |
| 1. **Student Details**
 | 1. **Parent/Guardian Details**
 |
| **Students name:** | **Parent/Guardian name:** |
| **Student address** | **Parent/Guardian address:** |
|  | **Parent/Guardian contact number:** |
| **Age:** | **Parent/Guardian work number:** |
| **Date of Birth:** | **Student has personal accident cover:** |
| **Please disclose relevant student medical conditions that may affect the safety and health of the student while on placement:** |
| **Programme:** LCA 🞎 (Each Wednesday) TY 🞎 (Each Tuesday) LCVP 🞎 (Full Week) Other 🞐  |
| **Start date of placement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End date of placement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Please note: it is the responsibility of the student to check with the employer if they need to undergo Garda Vetting – if so the student must arrange to have this done through the Employer. This applies to all students 16yrs and over wishing to work with children/vulnerable adults (eg: Pre school or primary school or Daycare centre/nursing home).** |

|  |
| --- |
| 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 |
| **Contact person name:** Ms L Walsh (TY/LCA/LCVP)  | **Contact person work phone number:** 051 389211 |
| **School insurance details** State Indemnity Confirmation Statement is also available on school website [www.ramsgrangecommunityschool.ie](http://www.ramsgrangecommunityschool.ie) | State indemnified |

|  |
| --- |
| 1. **Host Employer Details (to be completed by Host Employer)**
 |
| **Host employer/business name:** | **Host employer phone number:** |
| **Host employer/business 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 liability cover in place 🞎 andPublic liability cover in place 🞎(The school may request copies of such insurance documentation) |
| **Please be advised that students are *not* covered by the State Indemnity policy in certain circumstances in relation to horses (eg: riding horses, working in a stable with horses etc) or in relation to boats (eg: working on a boat on dry dock or on the water etc) or in relation to working above certain heights, working with certain machinery. For full details of exemptions/restrictions please contact the school asap. Please ensure students are advised on required PPE for this placement and also provided with training in relation to Covid protocols.**  |

|  |
| --- |
| 1. **Placement Details(to be completed by Host Employer)**
 |
| **Placement Programme: :** LCA 🞎 (Each Wed) TY 🞎 (Each Tuesday) LCVP 🞎 (Full Week) Other 🞎 |
| **Type of Business** (eg: Retail/Horticulture/Education): | **Student Hours of work:** Start time \_\_\_\_\_\_\_\_\_\_\_ Finish Time\_\_\_\_\_\_\_\_\_\_\_\_**Will Hours of work vary from time to time?** Yes 🞎 No 🞎 |
| **Description of tasks to be performed:** |
| **Special Information:** (eg: PPE required, dress code, safety equipment required, days organisation is closed) |
| **Is Garda Vetting Required** Yes 🞎 No 🞎 |

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

🞎 Host Employers Guidance Leaflet 🞎 State Indemnity Confirmation Statement

 (Not applicable for PLC students) (See www.ramsgrangecommunityschool.ie)

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

|  |  |  |
| --- | --- | --- |
| **Signed by School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **Signed by Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_** **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |