

A.M.D.G.

CRESCENT COLLEGE COMPREHENSIVE S.J.



**TRANSITION YEAR**  
**WORK EXPERIENCE PACK**  
**JANUARY – MAY 2020**



A.M.D.G.

**CRESCENT COLLEGE COMPREHENSIVE S.J.**

DOORADOYLE, LIMERICK V94 W6W8

Dear Parent/Guardian,

All students offered a place in Transition Year are required to undertake Work Experience/Work Shadowing in an area of employment that they are interested in for one day per week for half the school year. Work experience will take place on Friday of each week.

Your son/daughter will receive Work Experience Forms which need to be signed by the student, parent/guardian and employer. It is essential for insurance purposes that these forms be properly completed and returned to the Guidance Counsellors as soon as possible before the student goes on Work Experience.

I ask for your cooperation in this matter. If the forms are not returned, the student will not be covered by the school's insurance. The Work Experience forms include:

1. A Work Experience Grid (January – May 2020)
2. The Work Placement Summary Sheet
3. Student Code of Conduct
4. Garda Vetting Invitation Form (NVB1) & Parent Consent Form

Forms 1, 2 and 3 need to be completed and returned to the Guidance Counsellors by Tuesday, 27<sup>th</sup> August 2019.

**Documentation for the Employer:**

1. Letter from School
2. The Work Placement Summary Sheet (same sheet as above)
3. Student Code of Conduct (same sheet as above)
4. Host employers Guidance Leaflet
5. State Indemnity Confirmation Statement
6. Employers Report on Work Experience

The work placement summary sheet needs to be signed by the employer, parent/guardian and student and returned by Tuesday, 28<sup>th</sup> August 2018. The student must have one, work placement summary sheet signed for each Work Experience.

All forms can be downloaded from the Crescent website: [www.crescentsj.com](http://www.crescentsj.com) under Guidance and Transition Year. Please note there is a CV template included on the website.

Yours sincerely,

Peter Moloney  
Guidance Counsellor

Ita Danaher  
Guidance Counsellor

Caroline Coughlan  
Guidance Counsellor

# Transition Year work Experience      January to May

Student Name:	Class:
---------------	--------

Date	Employer	Address	Contact Name	Contact Number
January	10/01/2019			
	17/01/2019			
	24/01/2019			
February	07/02/2019			
	14/02/2019			
	28/01/2019			
March	06/03/2019			
	13/03/2019			
	20/03/2019			
	27/03/2019			
April	03/04/2019			
	24/04/2019			
May	01/05/2019			
	08/05/2019			
	15/05/2019			

forms to be returned to Guidance counsellor by January 6

**Parent's signature:** \_\_\_\_\_

### 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.

A. Student Details	B. Parent/Guardian Details
Student's Name:	Parent/Guardian Name:
Student's Class:	Parent/Guardian Address:
Student 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:	
Start date of placement: _____ End date of placement: _____	

C. School Details	
School Name: <b>Crescent College Comprehensive SJ</b>	School Phone Number: <b>061 229655</b>
School Address: <b>Dooradoyle Limerick V94 W6W8</b>	School Email: <a href="mailto:info@crescentsj.com">info@crescentsj.com</a>
Contact person name: <b>Ita Danaher, Peter Moloney, Dermot Cowhey</b>	Contact Person Work Email: <a href="mailto:info@crescentsj.com">info@crescentsj.com</a>
School insurance details	Contact person work phone number: <b>061 229655</b>
	State Indemnified

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:
Host employer insurance details:	The host employer has employers liability and Public liability cover in place <input type="checkbox"/> Yes <input type="checkbox"/> No The school may request copies of such insurance documentation

E. 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:

Signed: _____	Date: _____
Student	

Signed: _____	Date: _____
Parent/Guardian	

Signed: _____	Date: _____
School contact person	

Signed: _____	Date: _____
On behalf of the Host Employer	



# Student Work Experience

## Code of Conduct

Student Initials

**I agree that:**

- I will attend the workplace on the right days and at the times agreed with my employer/ workplace supervisor
- I will perform my placement duties to the best of my ability and comply with all reasonable directions of the employer and its employees.
- If during the placement I have access to information which is private and confidential, I will not convey to any person outside the organisation any knowledge or information which I have gained as a result of the placement.
- I will notify my employer and school of any absences or changes in my placement (eg, sickness, appointments, etc.)
- If I am in contact with any members of the public as part of the placement, I will treat them with the highest respect and politeness as I am aware that I am representing the organisation at all times during the placement.
- I will comply with all Health & Safety regulations.
- I recognise that my involvement in work experience is a privilege and as such I have responsibilities to my employer and my school.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student's Signature:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_



Association of Community and Comprehensve Schools  
Cumann na Scoilanna Pobail agus Comhshcoile

### **Guidelines for completing Electronic Vetting Invitation Form (NVB1)**

- Completing this Invitation Form is only the **first stage** of the vetting process
- Type the required information onto the form
- All fields are mandatory except Middle Name and Eircode
- The email address that is inputted will receive a vetting form for completion from [evetting.donotreply@garda.ie](mailto:evetting.donotreply@garda.ie)
- Role being vetted for: This must be clearly stated.

It must be obvious that this is a relevant work or activity where a necessary and regular part of that work or activity consists mainly with the applicant having access to, or contact with, children or vulnerable persons. E.g. a Caretaker in a second level school.

If you are involved in assisting the school with coaching, mentoring, counselling, training or teaching children or vulnerable persons. E.g. Volunteer Coach of the football team in the school.

Generic terms such as "Volunteer" will not suffice as it doesn't describe the work being done.

- Current Address means the address you are now living at.
- The address fields should be completed in full. No abbreviations.
- Don't forget to **click on box**
- Print out the form or return the form to the school for printing, whichever has been agreed.
- Sign the form. Applicant's signature should be legible. It should not be an abbreviated signature.
- The Date on the form is the date that the form has been completed and submitted to the School Principal.

ACCS  
10H Centrepoint Business Park,  
Oak Drive,  
Dublin 12



ACCS Ref:

--

**Invitation Form NVB 1  
for students aged between 16 & 18  
completing work experience**

**Section 1 – Personal Information**

**Under Sec 26(b) of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016, it is an offence to make a false statement for the purpose of obtaining a vetting disclosure.**

Forename(s):											
Middle Name:											
Surname:											
Date Of Birth: DD/MM/YYYY			/				/				
Email Address: of Parent/Guardian											
Confirm Email Address: of Parent/Guardian											
Contact Number:											
Role Being Vetted For: Title of Role must be clearly stated (e.g. teacher assistant, childcare worker)											
Current Address:											
Line 1:											
Line 2:											
Line 3:											
Line 4:											
Line 5:											
Eircode/Postcode:											

**Section 2 – Additional Information**

Name Of School:											
-----------------	--	--	--	--	--	--	--	--	--	--	--

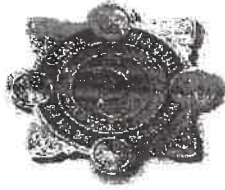
I have provided documentation to validate my identity as required *and*  
I consent to the making of this application and to the disclosure of information by the National Vetting Bureau to the Liaison Person pursuant to Section 13(4)(e) National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.

Please click on box

Applicant's Signature:											
---------------------------	--	--	--	--	--	--	--	--	--	--	--

Date:   /   /

Note: Applicant should type the requested information onto the form, print the form, sign the form and present to the School Principal. The school should return the NVB 1 Form, NVB 3 Form and Confirmation Form to the Association of Community and Comprehensive Schools at the above address. **An invitation to the eVetting website will then be sent to the Parent/Guardian's email address provided above.**



**PARENT/GUARDIAN CONSENT FORM (NVB 3)**

**Applicant Details**

Forename(s):

Surname:

Date of Birth:  
DD/MM/YYYY

	/		/		

**Parent/Guardian Details**

Under Sec 26(b) of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016, it is an offence to make a false statement for the purpose of obtaining a vetting disclosure.

Forename(s):

Surname:

Email Address:


Relationship to applicant:

Father: Mother: Guardian: 

Address:

Line 1:

Line 2:

Line 3:

Line 4:

Line 5:

Eircode/Postcode


**Parent/Guardian Consent**

I, being the Parent/Guardian of the above named applicant, consent for the National Vetting Bureau to conduct vetting in respect of the above named applicant in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.

Parent/Guardian  
Signature:

--

Date:

		/			/				
--	--	---	--	--	---	--	--	--	--



A.M.D.G.

CRESCENT COLLEGE COMPREHENSIVE S.J.



# TRANSITION YEAR WORK EXPERIENCE PACK

## DOCUMENTATION FOR THE EMPLOYER



A.M.D.G.

**CRESCENT COLLEGE COMPREHENSIVE S.J.**

DOORADOYLE, LIMERICK V94 W6W8

Dear Work Experience Provider,

Students taking part in Transition Year at Crescent College Comprehensive SJ are required to undertake a work experience placement in an area of interest to themselves. The practical experience gained by the students has been of great benefit in helping them decide on their further education and careers. Work experience gives them the opportunity to gain an insight into the workplace and student regard it as one of the highlights of the year.

This year, starting in September, students will undertake work experience on Friday of each week up to Christmas. This work experience can be with one employer for the full duration or can be broken up into a few work experience days with different employers.

The student should provide you with:

1. Letter from the school
2. The work placement summary sheet (section D needs to be completed and returned to the student)
3. Host Employers Guidance Leaflet
4. State Indemnity Confirmation statement
5. Employers Report on Work Experience ( to be returned to the school)
6. Student Code of Conduct

We thank you for your generous co-operation in the past. This Programme could not succeed without your help.

If you have any queries regarding the Transition Year Work Experience Programme you can contact the Guidance Counsellors on 061 229 655.

Yours sincerely,

Peter Moloney  
Guidance Counsellor

Ita Danaher  
Guidance Counsellor

Caroline Coughlan  
Guidance Counsellor



## HOST EMPLOYERS GUIDANCE LEAFLET

Dear Host Employer,

Thank you for considering facilitating a work placement for our student which will take place from \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_. The work placement will provide the student with valuable experience of the work environment and help him/her gain practical experience, assist their career choices and build their industry skills. The school community is deeply appreciative of the opportunities provided.

Please see a 'Work Placement Summary Sheet' attached which contains key details relating to the placement including:

- A. Student Details;
- B. Parent/Guardian details;
- C. School contact details;

**Can you please complete sections 'D. Host Employer Details' and 'E. Placement Details' of the 'Work Placement Summary Sheet' and return a signed copy to the school directly or via the student**

Please find some guidance on the work placement programme below. Please do not hesitate to contact the school if you have any queries in relation to the programme.

### What is work experience?

Work experience in post-primary schools is a short-term placement of students with local employers during the school year. Placements are organised by the school authorities in association with the student and are an integral part of the **student's education programme**.

### What are the benefits to host employers?

Participating in work placement programmes provide host employers with an opportunity to:

- Participate in the education and career development of young people in the community.
- Assist young people in evaluating potential career paths and develop future recruitment channels.
- Strengthen your links with the community and raise your business profile.

### What are the benefits to students?

Work experience programmes provide students with an opportunity to:

- Observe a variety of tasks being completed in the workplace;
- Enhance their knowledge and understanding and prepare them for the world of work;

- Undertake supervised work appropriate to their abilities;
- Evaluate industries that are of interest to them and explore potential career paths.

### What are my roles and responsibilities as the host employer?

- Provide a safe workplace environment and appropriate supervision for the student;
- Assign tasks and responsibilities to students to match their ability and learning ability
- Ensure that an induction is provided to the student including instruction and details on the appropriate tasks, emergency procedures, special arrangements e.g. uniform, protective clothing etc.
- Try and avoid work placements where the student will be working alone with an adult for a long period of time.

### What activities should students not partake in?

Students should not partake in the activities which:

- Are beyond their physical or psychological capacity;
- Involve the use of specialist machinery or equipment;
- Require specialised training

### Are students covered by insurance while on work placement?

Community and Comprehensive Schools are State indemnified which extends to cover work placements. This means the school will be indemnified by the State in respect of all claims for personal injury and third party property damage, arising from the negligence of the school. Please see a State indemnity Confirmation Statement attached which operates in lieu of an insurance policy. As State indemnity is enshrined in legislation, the State indemnity Confirmation does not stipulate a period of cover as it is effective from the date issued. Employers who provide placements for students should confirm that it is appropriate with your Insurer. Most students have personal accident insurance which provides cover for medical costs in the event of an accidental injury.

Yours sincerely,

**School Principal**

## STATE INDEMNITY CONFIRMATION STATEMENT

<b>Delegated State Authority</b>	The State Claims Agency (SCA) confirms that the named Community and Comprehensive Schools (see reverse) are delegated under the National Treasury Management Agency (Amendment) Act, 2000 and subsequent orders.
<b>Limit of indemnity</b>	Unlimited in amount
<b>Territorial Limits</b>	Does not apply to claims which are within the scope of State Indemnity
<b>Jurisdiction limits</b>	In accordance with Jurisdiction of Courts and Enforcements of Judgments Acts
<b>Scope</b>	<p>Community and Comprehensive Schools, their servants and/or agents, will be indemnified by the State in respect of any claims for personal injury and/or third party property damage, arising from the negligence of the Community and Comprehensive Schools, their servants and/or agents.</p> <p>This indemnity extends to cover only the negligence of the Community and Comprehensive Schools, their servants and/or agents, and does not extend to indemnify any third party, its servants and/or agents concerning any negligent act or omission by the latter.</p>
<b>Exclusions</b>	<p>The following classes of claim are expressly excluded from the SCA's remit under the enacting legislation:</p> <ul style="list-style-type: none"><li>• claims involving a question as to the validity of any law having regard to the provisions of the Constitution;</li><li>• claims made in respect of infection, directly or indirectly, with Hepatitis C or the human immunodeficiency virus (HIV), or both, through the administration of blood or blood products or in respect of related matters;</li><li>• claims in which certain torts other than negligence are pleaded.</li></ul>
<b>Indemnity to third parties</b>	<p>State indemnity, as outlined above, applies to personal injury and third party property damage claims which are the result of a Community and Comprehensive Schools negligence, including those which may arise in connection to a specific agreement/contract. There is no requirement to name third parties in the confirmation statement as this indemnity is set out in legislation.</p> <p>A Community and Comprehensive School does not have the authority to extend State indemnity in respect of a third parties' negligence.</p>



Ciarán Breen  
Director  
State Claims Agency



### Employers Report on Work Experience

*Student Name:* \_\_\_\_\_

*Work Experience Dates:* \_\_\_\_\_

*Supervisor's Name:* \_\_\_\_\_

*Employer Address:* \_\_\_\_\_

*Employer Phone No:* \_\_\_\_\_

At the end of the placement please rate the student by placing a tick in the appropriate boxes. Many thanks for taking the time to fill out this evaluation. We would be grateful if you could return it to the Guidance Counsellor, Crescent College Comprehensive SJ, Dooradoyle, Limerick by post or email: [info@crecentsj.com](mailto:info@crecentsj.com).

<i>Rating</i>	<i>Excellent</i>	<i>Good</i>	<i>Acceptable</i>	<i>Needs Improvement</i>	<i>Not Assessed</i>
<i>1. Personal appearance</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>2. Attitude towards job</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>3. Ability to follow Instructions</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>4. Initiative</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>5. Ability to complete jobs</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>6. Practical skills</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>7. Social Skills</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>8. Ability to handle technology</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>9. Relationship with staff</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>10. Attendance &amp; Punctuality</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please add any additional comments you would like to make about this participant.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Signature of Supervisor:* \_\_\_\_\_

*Date:* \_\_\_\_\_