

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 Monday, 13th January 2020.

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 Monday, 13th January 2020. 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 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 2020

Student Name:

Class:

	Date	Employer	Address	Contact Name	Contact Number
January	10/01/2020				
	17/01/2020				
	24/01/2020				
	31/01/2020				

February	07/02/2020				
	14/02/2020				
	28/01/2020				

March	06/03/2020				
	13/03/2020				
	20/03/2020				
	27/03/2020				

April	03/04/2020				
	24/04/2020				

May	01/05/2020				
	08/05/2020				
	15/05/2020				
	22/05/2020				

Forms to be returned to Guidance counsellor by Monday, January 13

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: Crescent College Comprehensive SJ	School Phone Number: 061 229655
School Address: Dooradoyle Limerick V94 W6W8	School Email: info@crescentsj.com
	Contact Person Work Email: info@crescentsj.com
Contact person name: Ita Danaher, Peter Moloney, Caroline Coughlan	Contact person work phone number: 061 229655
School insurance details	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 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: _____



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 - **You must reply to this email to start the vetting process. If you have gmail – please check your spam folder.**
- 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 Centrepont Business Park,
Oak Drive,
Dublin 12



Association of Community and Comprehensive Schools
Cinniamh na Scoilanna Pobail agus Comhshóisriúchá

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: / /

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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

Delegated State Authority	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.
Limit of indemnity	Unlimited in amount
Territorial Limits	Does not apply to claims which are within the scope of State Indemnity
Jurisdiction limits	In accordance with Jurisdiction of Courts and Enforcements of Judgments Acts
Scope	<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>
Exclusions	<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">• claims involving a question as to the validity of any law having regard to the provisions of the Constitution;• 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;• claims in which certain torts other than negligence are pleaded.
Indemnity to third parties	<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

Delegated State Authorities as named in Schedule 1 & 2 of SI 237: NTMA (Delegation of Claims Management Functions) Order 2015

County	School	County	School
Carlow	Tullow Community School	Kildare	Celbridge Community School Colaiste Chiarain Kildare Town Community School Scoil Mhuire Community School St. Wolstan's Community School
Cavan	Bailieborough Community School		
Clare	Kilrush Community School St. Caimin's Community School		
Cork	Ballincollig Community School Beara Community School Bishopstown Community School Carrigaline Community School Douglas Community School Kinsale Community School Mayfield Community School Millstreet Community School Pobalscoil na Tríonóide St. Peter's Community School	Kilkenny	Castlecomer Community School
		Laois	Heywood Community School Mountmellick Community School Mountrath Community School
		Leitrim	Ballinamore Community School Carrick-on-Shannon Community School
		Limerick	John The Baptist Community School
		Longford	Moyne Community School
		Louth	Ardee Community School Ballymakenny College
		Donegal	Carndonagh Community School Choláiste Cholmcille Loreto Community School Pobalscoil Chloich Cheannfhaola Pobalscoil Ghaoth Dobhair Pobalscoil na Rosann
Meath	Ashbourne Community School Athboy Community School Boyne Community School Pobalscoil Chiarain		
Dublin	Ballinteer Community School Blakestown Community School Cabinteely Community School Coolmine Community School Donahies Community School Hartstown Community School Holy Child Community School, Sallynoggin Holy Family Community School, Rathcoole Killinarden Community School Old Bawn Community School Phobailscoil Iosolde Pobalscoil Iosa Pobalscoil Neasain Pobalscoil Rosmini Portmarnock Community School St. Aidan's Community School St. Colmcille's Community School St. Mark's Community School St. Tiernan's Community School Tallaght Community School	Offaly	Gallen Community School St. Brendan's Community School
		Roscommon	Castlerea Community School
		Sligo	St. Attracta's Community School
		Tipperary	Cashel Community School
		Waterford	Blackwater Community School
		Westmeath	Moate Community School (Moate Business College)
		Wexford	Gorey Community School Ramsgrange Community School
		Wicklow	St. Kilian's Community School
		Comprehensive Schools	
		Cavan	St. Aidan's Comprehensive School
		Clare	St. Patrick's Comprehensive School
		Cork	An Scoil Chuimsitheach Ashton Comprehensive School
		Donegal	The Royal and Prior Comprehensive School St. Columba's Comprehensive School
Dublin	Mount Temple Comprehensive School Newpark Comprehensive School Trinity Comprehensive School		
Galway	Scoil Chuimsitheach Chiaráin		
Kerry	Tarbert Comprehensive School		
Kerry	Pobalscoil Inbhear Sceine Scoil Phobail Sliabh Luachra Pobalscoil Chorca Dhuibhne	Leitrim	St. Clare's Comprehensive
		Limerick	Crescent College Comprehensive School
		Wicklow	East Glendalough School



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**.

<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 & 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: _____