## **ADDITIONAL 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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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: Yes No	Parent/Guardian work number:
Relevant student medical conditions:	
Start date of placement:	End date of placement;
C. School Details	
School Name: Cresent College Comprehensive S]	School Phone Number: 061229655
School Address: Dooradoyle Limerick V94 W6W8	School Email: <a href="mailto:info@ctescentsi.com">info@ctescentsi.com</a> Contact Person Work Email: info@crescentsi.com
Contact person name: Ita Danaher, Peter Moloney, Caroline Coughlan	Contact person work phone number: 061229655
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  The school may request copies of such insurance documentation
E. Placement Details (t	o be completed by Host Employer)
Placement Programme:	
Type of work placement:	<u>H</u> ours of work:
Description of tasks to be performed:	
Please ensure that all relevant documents in the employer pack have been submitted to the host employer:	
Signed: Date: Student	igned: Date:

Date: \_

Signed:

**School Contact Person** 

Parent/Guardian

On behalf of the Host Employer

Date: \_\_

Signed: