

A.M.D.G.

CRESCENT COLLEGE  
COMPREHENSIVE S.J.



# Transition Year

# Work Experience Pack

## January to May

Diarmuid Mullins: Principal & Secretary to the Board of Management Sinéad Mulcahy: Deputy Head  
Hugh Flavin: Deputy Head Gráinne Delaney: Deputy Head

Tel: 061 229655 Email: [info@crescentsj.com](mailto:info@crescentsj.com) Website: [www.crescentsj.com](http://www.crescentsj.com)



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. The Work Placement Summary Sheet
2. Student Code of Conduct
3. Garda Vetting Invitation Form (NVB1) & Parent Consent Form

Forms 1, 2 and 3 need to be completed and returned to the Guidance Counsellors.

**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 to the school. 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

### 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<br/>Limerick V94 W6W8</b>                      | School Email: <a href="mailto:info@crescentsj.com">info@crescentsj.com</a> |
| Contact person name:<br><b>Ita Danaher, Peter Moloney, Caroline Coughlan</b> | Contact person work phone number: <b>061 229655</b>                        |
| 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<br>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: _____ |
| <b>Student</b> |             |

|                        |             |
|------------------------|-------------|
| Signed: _____          | Date: _____ |
| <b>Parent/Guardian</b> |             |

|                              |             |
|------------------------------|-------------|
| Signed: _____                | Date: _____ |
| <b>School contact person</b> |             |

|                                       |             |
|---------------------------------------|-------------|
| Signed: _____                         | Date: _____ |
| <b>On behalf of the Host Employer</b> |             |



# 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.

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

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

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



Association of Community and Comprehensive Schools  
 Cúrsaí na Scoil agus na n-Árdaí

### 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) - **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 Centrepoint Business Park,  
Oak Drive,  
Dublin 12



ACCS Ref:

|  |
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|  |
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**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:

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|--|

Line 2:

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Line 3:

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Line 4:

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Line 5:

|  |
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|  |
|--|

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

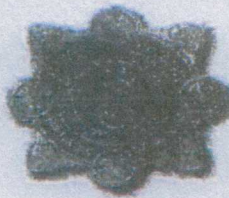
Signature:

|  |
|--|
|  |
|--|

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:

 /  /

**TRANSITION YEAR WORK EXPERIENCE GRID**

**JANUARY TO MAY**

STUDENT NAME

CLASS

| Month | Date   | Employer | Employment Address | Contact Person Name | Contact Number |
|-------|--------|----------|--------------------|---------------------|----------------|
| JAN   | 12-Jan |          |                    |                     |                |
|       | 19-Jan |          |                    |                     |                |
|       | 26-Jan |          |                    |                     |                |
| FEB   | 02-Feb |          |                    |                     |                |
|       | 09-Feb |          |                    |                     |                |
|       | 16-Feb |          |                    |                     |                |
|       | 23-Feb |          |                    |                     |                |
| MAR   | 01-Mar |          |                    |                     |                |
|       | 08-Mar |          |                    |                     |                |
|       | 15-Mar |          |                    |                     |                |
| APR   | 22-Mar |          |                    |                     |                |
|       | 12-Apr |          |                    |                     |                |
|       | 19-Apr |          |                    |                     |                |
| MAY   | 26-Apr |          |                    |                     |                |
|       | 10-May |          |                    |                     |                |
|       | 17-May |          |                    |                     |                |
|       | 24-May |          |                    |                     |                |

Forms to be returned to Guidance Counsellors

Parent Signature: \_\_\_\_\_