

A.M.D.G.
CRESCENT COLLEGE COMPREHENSIVE S.J.



TRANSITION YEAR
WORK EXPERIENCE PACK
SEPTEMBER - DECEMBER



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 interest 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 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: Crescent College Comprehensive SI | School Phone Number: 061 229655 |
| School Address: Dooradoyle Limerick V94 W6W8 | School Email: info@crescentsi.com |
| | Contact Person Work Email: info@crescentsi.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: _____



Association of Community and Comprehensive Schools
Cumann na Scoil na hOileáirí

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
- 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.

AN GARD A SÍCHHÍNA



NATIONAL VETTING BUREAU

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:

11

Line 2:

Line 3:

Line 4:

Line 5:

Barcode/Postcode

7-10-1940

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

SEPTEMBER 2025 TO DECEMBER 2025

| STUDENT NAME | | Date | | Employer | Employment Address | CLASS | |
|--------------|--|---------|--|----------|--------------------|---------------------|----------------|
| Month | | | | | | Contact Person Name | Contact Number |
| SEPT | | 05-Sept | | | | | |
| | | 12-Sept | | | | | |
| | | 19-Sept | | | | | |
| | | 26-Sept | | | | | |
| OCT | | 03-Oct | | | | | |
| | | 10-Oct | | | | | |
| | | 17-Oct | | | | | |
| | | 24-Oct | | | | | |
| NOV | | 31-Oct | | | | | |
| | | 07-Nov | | | | | |
| | | 14-Nov | | | | | |
| | | 21-Nov | | | | | |
| Dec | | 28-Nov | | | | | |
| | | 05-Dec | | | | | |
| | | 12-Dec | | | | | |
| | | 19-Dec | | | | | |

Forms to be returned to Guidance Counsellors

Parent Signature: _____