

PARENT/GUARDIAN TRANSITION YEAR WORK EXPERIENCE PACK

SEPTEMBER TO DECEMBER



Dear Parent/Guardian,

All students offered a place in Transition Year are required to undertake work experience/shadowing in an area of employment that they are interested in, for one day per week from September -December, work experience will take place on Friday of each week.

Your child will receive work experience forms (work placement summary sheet) which need to be signed by the student, parent/guardian and host employer. Please note it is essential for insurance purposes that these forms are completed correctly and returned to the guidance counsellors as soon as possible (before the student goes on work experience).

We kindly 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/guardian consent form (NVB3)

Please note the work placement summary sheet needs to be completed and returned to the guidance counsellors along with the student code of conduct.

The garda vetting forms (NVB1 & NVB3) should be returned to the school office, please note these forms should only be submitted if your child is carrying out their work experience in a primary school, special needs school/unit, nursery/play school, creche or nursing home or with a charity.

The following documentation should be given to the host employer:

1. The work placement summary sheet
2. Host employers guidance leaflet
3. State indemnity confirmation statement
4. Employers report on work experience (once complete to be returned to the guidance counsellors)
5. Student code of conduct

The work placement summary should be signed by all parties (student, parent/guardian, host employer, guidance department) and returned to the guidance counsellors.

If students are carrying out more than one work experience placement they will require a signed work summary sheet per host employment.

All required forms are available to download from the crescent website: www.crescentsj.com under the year group-transition year tab. Please note there is also a Curriculum Vitae template available.

Yours sincerely,

Tony Trehy, Ita Danaher & Caroline Coughlan
Guidance Counsellors



Student Work Experience Code of Conduct

I agree the following:

- I will attend the workplace on the correct 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: _____

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: Dooraドoyle Limerick V94 W6W8		School Email: info@crescentsj.com	
Contact person name: Ita Danaher, Tony Trehy, Caroline Coughlan		Contact Person Work Email: info@crescentsj.com	
School insurance details		Contact person work phone number: 061 229655	
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: _____ Student	Signed: _____ Parent/Guardian
Signed: _____ School contact person	Signed: _____ On behalf of the Host Employer

TRANSITION YEAR WORK EXPERIENCE GRID

SEPTEMBER 2025 TO DECEMBER 2025

STUDENT
NAME

CLASS

<u>Month</u>	<u>Date</u>	<u>Employer</u>	<u>Employment Address</u>	<u>Contact Person Name</u>	<u>Contact Number</u>
September	5th Sept				
	12th Sept				
	19th Sept				
	26th Sept				
October	3rd Oct				
	10th Oct				
	17th Oct				
	24th Oct				
	31st Oct				
November	7th Nov				
	14th Nov				
	21st Nov				
	28th Nov				
December	5th Dec				
	12th Dec				
	19th Dec				

Please return form to the Guidance Counsellors

Parent Signature: _____