



WORK PLACEMENT SUMMARY SHEET

To be completed for ALL work experience placements

Date of Placement	
From: _____	To: _____
<input type="checkbox"/> Sections A, B and C to be completed by the student/parent/guardian.	
<input type="checkbox"/> 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 name:	Parent/Guardian name:
Student class:	
Student address:	Parent/Guardian address:
	Parent/Guardian mobile number:
	Parent/Guardian work number:
Student requires Garda clearance: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student has Garda clearance: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relevant student medical conditions:	
C. School Details	
School name: Dunshaughlin Community College	School phone number: 018259137
School address: Dunshaughlin, Co. Meath	Contact email: aobrien.dcc@lmetb.ie
	Contact person name: Anne-Marie O'Brien
	Contact person work phone number: 018259137
School insurance details:	Fully indemnified by LMETB.

Please confirm that the following documents have been provided to the host employer:

Insurance Indemnity Form ☐

Host Employers Guidance Leaflet ☐



D. Host Employer Details (to be completed by Host Employer)

Host employer:

Host employer address:

*Contact person name:

Contact person role:

*Contact person phone number:

*Contact person email:

E. Placement Details (to be completed by Host Employer)

Placement programme: Transition Year

Type of work placement:

Start time: _____ Finish time: _____

Friday during school term ☐

Block Week placement ☐

Brief description of tasks to be performed:

Please tick to confirm the following are in place:

Public Liability Insurance ☐

Safety Statement ☐

Risk Assessment completed ☐

Signed: _____ Date: _____

STUDENT

Signed: _____ Date: _____

EMPLOYER