

Work Experience Programme 2014/2015

Name of Pupil: _____

Class: _____

School: **St Gerald's College, Castlebar**

*The above named pupil is interested in getting work experience with you. I would be very grateful if you could accommodate him. He will be covered by the school insurance during the placement**

Name of Placement: _____

Name of Contact Person: _____

E-mail Address of Contact Person: _____

Tel no: _____

Address of Placement: _____

Duration of Placement: _____

Yours sincerely,

Sharon Geraghty.
Guidance Counsellor

Placement signature: _____

(Please confirm with your signature if you are giving a work experience placement to this pupil)

**Students going to construction areas must have completed the Safe Pass course and be covered by the Employers Liability Insurance*

Forms must be signed by the Transition Year Co-ordinator, Mr. Kelleher prior to being returned to Ms Geraghty.

Signature: _____

Please return your form by