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 name:	Parent/Guardian name:
Student address:	Parent/Guardian address:
	Parent/Guardian mobile number:
Student has personal accident cover: Yes No	Parent/Guardian work number:
Relevant student medical conditions:	
C. School Details	
School name: Scoil Mhuire Community School	School phone number: 045 868121
School address:	School email: scoilmhuireclane@gmail.com
Prosperous Road,	Contact person name: Aedamar O Reilly
Clane,	Contact person work phone number: : 045 868121
Co. Kildare.	Contact person work email:
	aedamarnolan@scoilmhuireclane.ie
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 liability and public
	liability cover in place: Yes 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:	
Host Employers Guidance Leaflet State indemnity Confirmation Statement	
Signed: Date:	Signed: Date:
Student	Parent/Guardian
Signed: Date:	Signed: Date:
School contact person	On behalf of the
·	Host Employer
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