

**Transition Year**

**Block Week Work Experience**

**Application Form**

Block week work placements can be undertaken with the approval of the coordinator and school management. Permission will be granted only where employers cannot facilitate the placement during the eight weeks of Fridays and where the experience is deemed to be of high quality. Applications for a block week must be made a minimum of two weeks in advance of the placement.

Student Name: \_\_\_\_\_

Class Group: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone No. : \_\_\_\_\_

Type of Business: \_\_\_\_\_

Date of Placement: \_\_\_\_\_ to \_\_\_\_\_

Is a Specific Letter of Insurance required?                      Yes                      No

Explain why this placement is important to you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Block week approved                      Yes                      No

Coordinators Signature: \_\_\_\_\_

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**Notice of Block Placement**

**School Approved Absence**

Student Name: \_\_\_\_\_

Class Group: \_\_\_\_\_

Date of Absence                      \_\_\_\_\_                      to                      \_\_\_\_\_

Coordinators Signature \_\_\_\_\_