

LEAVING CERTIFICATE VOCATIONAL PROGRAMME 2015

WORK EXPERIENCE PLACEMENT DETAILS

(Please return this form to the LCVP Coordinator and complete the online form via the school website)

Student Name: _____

Date of Birth: _____

Address: _____

Mobile: _____

Parent / Guardian Name: _____

Parent / Guardian Contact: _____

Employer Name _____

Type of Business _____

Employer Address _____

Employers Email Address _____

Employer's Phone Number: _____

Supervisor's Name & Contact Number
(if different from employer) _____

Placement Start Date: 12th January 2015

Placement Finish Date: 16th January 2015

Hours of Work:

Daily Start Time: _____

Daily Finish Time: _____

Lunch Time: From _____ to _____

Details of your Work Duties: _____

Dress Code: _____

Method of travel to and from Work Placement

Please confirm

The following documents have been given to employer

- () Employer Handbook
- () Insurance Letter
- () Employers Evaluation Form