



Ashbourne Community School

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Transition Year 2020-21

Week Long Work Placement

All details must be completed before consent can be given for any week long work placement

Part 1: Student Details:

Name of student: _____ TY base class: _____

Placement secured:

Date due to start placement: _____

Date due to finish placement: _____

Part 2: Employer Details

Name of employer/organisation: _____

Full address of placement: _____

Name of contact person: _____

Position/title in business/organisation: _____

Contact number of placement: _____

Email address of placement: _____

Is Garda Vetting required? _____

(Forms have been/will be emailed to parent/guardian)

Parent/guardian signature: _____

Programme Coordinator signature: _____

Date: _____