**Borrisokane Community College**

**Leaving Certificate Applied Work Experience**

 **Student name**:

 **1st Placement: Every Wednesday of school term from Sept to Christmas**

Name of Company:

Address:

Telephone:

Name of Work Experience Supervisor:

Signature of Work Experience Supervisor:

**2nd Placement: Every Wednesday of school term from January to June**

Name of Company:

 Address:

Telephone:

Name of Work Experience Supervisor

 Signature of Work Experience Supervisor:

  **Parent/Guardian Consent**

I/We give our full consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student Name) to take part in the Work Experience Placements listed above. I/We are satisfied that these placements are appropriate and safe for our son/daughter.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you aware of any health reasons why your son/daughter should not engage in work experience with the employer listed above? Yes No

If Yes , please give details