

**Borrisokane Community College**  
**Transition Year Work Experience 2018/2019**

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

**Work Experience First Placement - 5th November to Friday 9th November 2018**

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

Name of Work Experience Supervisor: \_\_\_\_\_

Signature of Work Experience Supervisor: \_\_\_\_\_

**Work Experience Second Placement - Monday February 11th - Friday February 15<sup>th</sup> 2019**

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

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

\_\_\_\_\_