

**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