

Founded 1953

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Email: admin@olschool.ie

# Our Lady’s School

March 2019

Dear Sir/Madam

**Work Experience Placement for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class:\_\_\_\_\_\_\_\_\_\_\_\_\_**

On behalf of Our Lady’s School I would like to thank you for accepting the above student on a work experience placement. Work experience is a very valuable part of our Transition Year Programme and its success is in no small part due to the generosity and goodwill of the local business community.

Our work experience programme will take place during the following weeks;

**21st – 25th October 2019 10th -14th February 2020**

**23rd – 27th March 2020 30th March -3rd April 2020**

Students will be covered by school insurance for the duration of their placement, (see attached) Please note that they covered for normal working hours but are not permitted to work at night.

While on work experience students are expected to be punctual, courteous and to carry out their assigned tasks in a professional manner. All our students have attended a course reviewing what to expect in the workplace and what is expected of them in return.

As work experience is designed to give students the widest possible insight into the general workplace, I would be most grateful if you could facilitate their exposure to a comprehensive scope of tasks and appropriate responsibilities.

I would be obliged if you could complete the reply slip below and return it to the student as soon as possible. Should you have any queries please do not hesitate to contact me.

Yours faithfully,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Caitriona Coyne

Work Experience Co-ordinator (workexperience@olschool.ie)

✂ -----------------------------------------------------------------------------------------------------------

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of work placement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that I have accepted this student for a work experience placement, to perform some of the following duties.

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Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_