



**OUR
LADY'S
SCHOOL**
TERENURE



Additional Work Experience Placement Application Form

Student's Name:

Class:

Date of Placement from: _____ **to** _____

Name and address of Company/ Institution: _____

1. Why are you interested in accepting this Work Experience placement?

2. What type of work will you be doing?

3. Please note that it is up to the student to catch up on work missed in school, including project deadlines, group work, etc.

Student Signature:

Parent/guardian Signature:

Programme Coordinator Signature: