

***To be completed by parent/guardian and signed by the employer. Please return to school before student begins Work Experience.***

### **Work Experience Employer Data**

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

Name of Employer: \_\_\_\_\_

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

\_\_\_\_\_ Tel. No.: \_\_\_\_\_

Nature of Main Business: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Dates of Placement: from Friday\_\_\_\_\_to Friday\_\_\_\_\_

Working Hours: \_\_\_\_\_

General description of work to be undertaken: \_\_\_\_\_

\_\_\_\_\_

Employer's Signature:\_\_\_\_\_Date:\_\_\_\_\_

Employer stamp

## Foirm 2

***Le líonadh ag tuismitheoir/caomhnóir agus sínithe ag an bhfostóir. Tabhair thar n-ais don scoil roimh don dalta tosnú ar an Taithí Oibre.***

### Eolas Fostóra Taithí Oibre

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Ainm Dalta: \_\_\_\_\_

Ainm Fostóra: \_\_\_\_\_

Seoladh: \_\_\_\_\_

Uimhir Ghutháin: \_\_\_\_\_

Nádúr an ghnó: \_\_\_\_\_

Ainm duine teagmhála: \_\_\_\_\_

Dátaí don Taithí Oibre: Ón Aoine \_\_\_\_\_ go hAoine \_\_\_\_\_

Uaireanta oibre: \_\_\_\_\_

Cur síos ginearálta ar an obair: \_\_\_\_\_

\_\_\_\_\_

Síniú an Fhostóra: \_\_\_\_\_ Dáta: \_\_\_\_\_

Stampa an fhostóra