

Ardcoil Uí Urmoltaigh, Droichead na Bandan
The Hamilton High School, Bandon, Co. Cork

Telephone: 023 8844227 / 8844789 Website www.hamiltonhighschool.ie

E-mail: office@hamiltonhighschool.ie School Roll No.: 620500

School App – Hamilton High School



Request for Work Experience

To whom it may concern,

On behalf of the school community of Hamilton High School, I wish to express our thanks to you, the employer, for considering facilitating our student/s on work experience. Work experience forms a vital element of our Transition Year programme and contributes greatly to the students' personal, social and vocational development.

This year, students are required to complete one week's work experience from **16th of December 2019** to **20th of December 2019** (inclusive). The students will be prepared in their classes and will cover a wide range of topics including: *preparation for work, interview skills, employer/employee expectations, health and safety in the workplace and equality legislation.*

Students do understand that they will need to work under the supervision of your staff, respect the confidentiality of your business, observe all safety and other regulations laid down by the employer and that all work undertaken during work experience is unpaid.

If you agree to offer our student/s work experience we would really appreciate your completing the attached 'Work Experience Agreement' form *which may be returned by post or e mail* to leona.foran@hamiltonhighschool.ie. We will be happy to furnish you with insurance details and a supervisor's report form which students will be requested to return to me in a self-addressed envelope once the placement is completed.

If you require any further information please do not hesitate to contact me any time via email leona.foran@hamiltonhighschool.ie or at the school from Monday to Friday between 9:00 am and 4:00 pm.

Thank you again for your continued support and wishing you every success in your business.

Yours sincerely,

Leona Foran,
TY Co-ordinator

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Work Experience Agreement: Form 16.12.19 to 20.12.19

Student	Employer
Name:	Employer:
Address:	Address:
Ph. No:	Supervisor Details:
Email address:	Name:
	Ph. No:
	Email address:
Emergency Contact for student:	Duties to be performed by student/s:
Name:	
Phone No.	Hours of work:
Special Requirements (if any):	Special Requirements (if any):

To be completed by Student:

I _____ agree to undertake work experience with the employer named above. I also agree to the following:

- ✓ Observe Hamilton High School Code of Behaviour
- ✓ Respect the employers' hours of business (be punctual, observe break times etc)
- ✓ Inform the employer and Ms. Connolly/HHS of any absence due to illness etc.
- ✓ Respect the confidentiality of the employers' business.
- ✓ Observe Health, Safety and any other regulations laid down by the employer
- ✓ To do my utmost to make this experience a positive one for both myself and the employer.

Student Signature: _____ **Date:** _____

To be completed by Employer:

I agree to take the above-named student on work experience from _____ to _____ (inclusive). A staff member will act as supervisor for the student. The student will be given tasks, as far as is reasonably practicable, which are relevant to his area/s of interest.

Name: _____ **Position:** _____ **Ph:** _____

Date: _____

Parent/Guardian Signature: _____ **Date:** _____