

C.B.C. Monkstown Park

Transition Year 2014-2015

WORK EXPERIENCE

(Dates: Monday Jan. 5th – Friday Jan. 16^h 2014)

Students Name: _____ Class _____

Name of company where Work Experience is to take place:

_____ Phone No _____

Contact Name: _____

Brief description of work:

Duration of Work Experience. 1 Week 2 Weeks

In the case of two different work experience placements, please fill out details below

Name of company where 2nd Work Experience is to take place:

_____ Phone No: _____

Contact Name: _____

Brief description of work: _____

Signature of Parent / Guardian:

Signature of Student:

Please fill in form and return Ms. O'Toole (Transition Year Co-ordinator) before December 2014

