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| **ST ANNE’S COMMUNITY COLLEGE**  **Killaloe, Co. Clare**  Tel No. 061 376257   |  | | --- | | EMPLOYER’S REPORT |   NAME OF STUDENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please tick as appropriate leaving irrelevant sections blank**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | QUALITIES | **Excellent** | **Good** | **Fair** | **Poor** | | Punctuality |  |  |  |  | | Attendance |  |  |  |  | | Ability to work on own initiative |  |  |  |  | | Ability to complete set tasks |  |  |  |  | | Quality of work |  |  |  |  | | Use of equipment |  |  |  |  | | Communicating with customers/clients |  |  |  |  | | Aptitude/Interest for vocational area |  |  |  |  | | Relating to supervisors |  |  |  |  | | Relating to other members of the workforce |  |  |  |  | | Observation of Health/Safety regulations |  |  |  |  | | Appropriate dress |  |  |  |  |   **Comment**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature of Supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:\_\_\_\_\_\_\_\_\_ | **ST ANNE’S COMMUNITY COLLEGE**  **Killaloe, Co. Clare**  Tel No. 061 376257  **School Crest_Pic1**   |  | | --- | | **Work Experience Attendance Form** |   Student Name:  Parent Phone numbers:  Reminder:  Students must provide the employer with Employer Letter, Insurance letter and Risk Assessment forms. These are available on the school website.  The risk assessment form must be returned to school on/prior to the first day of work experience. They may be returned to the white post-box next to reception. |
| |  |  | | --- | --- | | EMPLOYER NAME: |  | | EMPLOYER ADDRESS: |  | | EMPLOYER PHONE NO. |  |  |  |  |  |  | | --- | --- | --- | --- | | **DATE** | **START TIME** | **FINISH TIME** | **SIGNATURE OF SUPERVISOR/MANAGER/OWNER** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |      * **It is the student’s responsibility to get the card signed each day of work experience** * **If you are sick and unable to attend work experience please contact the school AND the employer before 9:00 a.m.** * **This form should be returned to the White Post Box at reception at the end of work experience OR posted to the school by the employer** | |