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|  **ST ANNE’S COMMUNITY COLLEGE** **Killaloe, Co. Clare** Tel No. 061 376257

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| 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**

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| **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. |
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|  |  |
| --- | --- |
| EMPLOYER NAME: |  |
| EMPLOYER ADDRESS: |  |
| EMPLOYER PHONE NO. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE** | **START TIME** | **FINISH TIME** | **SIGNATURE OF SUPERVISOR/MANAGER/OWNER** |
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 * **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**
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