

Work Experience/Work Shadowing Employer Form



lcetb
Bord Oideachais agus Ollscolaíochta
Luimnigh agus an Chláir
Limerick and Clare
Education and Training Board

Instructions

Please complete the following form & tick the appropriate box

Name of Employer:	_____
Address of Employer:	_____ _____
Telephone Number of Employer:	_____
Name of Student:	_____
Telephone Number of Student:	_____
Description/Nature of Work the student will be undertaking	_____ _____

- Does the student require a Safe Pass Yes No
- Does a student need a Garda Clearance Form Yes No
- Will the student be left unsupervised at any time while working Yes No
- Will the student be given tasks involving lifting Yes No

If you stated yes briefly explain what the students would be lifting _____

- Will the student be operating any mechanical machinery Yes No
- Will the student be working with or near hazardous chemicals Yes No

If you stated yes briefly explain _____

- Will the student need protective clothing and equipment (PPE) Yes No
- If you stated yes will you provide the protective clothing and equipment Yes No

- Will the student be working at a height Yes No

If you stated yes briefly explain _____

- Will you familiarise students with building and emergency procedures in the workplace Yes No

- Name: _____
Signature: _____
Date: _____

***Thank you for completing this form & for giving the student an invaluable opportunity
In the event of an accident please notify the Centre immediately***