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Work Placement Summary Sheet

PLEASE complete for Friday TY/LCA placements & LCVP 3 day placements

Please indicate programme: TY / LCA / LCVP _____

Start date of placement: _____

End date of placement: _____

Part 1: Student Details:

Name of student: _____ Base class: _____

Part 2: Employer Details

Name of employer AND name of business/organisation:

Full address of placement:

Name of contact person: _____

Position/title in business/organisation: _____

Contact number of placement: _____

Email address of placement: _____

Part 3: Placement Details

Type of work placement: _____

Hours of work: _____

Description of tasks to be performed: _____

Is Garda Vetting required? (Yes/No) _____

Employer signature: _____

Parent/Guardian signature: _____

Programme Coordinator signature: _____

Date: _____