## Work Experience/Work Shadowing Employer Form

## **Instructions**



Please complete the following form & tick the appropriate box		
Name of Employer:		
Address of Employer:		
T. I		
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
f 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
f you stated yes briefly explain		
. Will the student need protective clothing and equipment (PPE)	Yes	No
f you stated yes will you provide the protective clothing and equipment		No
. Will the student be working at a height	Yes	No
f you stated yes briefly explain	100	110
. Will you familiarise students with building and emergency procedu	Yes Yes	No
0. Name:		
Signature:  Date		
Thank you for completing this form & for giving the stude		

Thank you for completing this form & for giving the student an invaluable opportunity

In the event of an accident please notify the Centre immediately