

# JOB DESCRIPTION FORM

Student Name \_\_\_\_\_ Form \_\_\_\_\_  
Personal Number \_\_\_\_\_ Home \_\_\_\_\_

## NOVEMBER PLACEMENT(4-8November)

Name of Company \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Contact name & address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Type of work \_\_\_\_\_  
Other information \_\_\_\_\_  
\_\_\_\_\_

## FEBRUARY PLACEMENT(3-16Feb)

### Week One

Name of Company \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Contact name & address \_\_\_\_\_  
\_\_\_\_\_  
Type of work \_\_\_\_\_  
Other information \_\_\_\_\_  
\_\_\_\_\_

### Week Two

Name of Company \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Contact name & address \_\_\_\_\_  
\_\_\_\_\_  
Type of work \_\_\_\_\_  
Other information \_\_\_\_\_

## WORK EXPERIENCE OUTSIDE OF DESIGNATED DATES

Student Name \_\_\_\_\_ Form \_\_\_\_\_  
Personal Number \_\_\_\_\_ Home \_\_\_\_\_

Dates of Placement \_\_\_\_\_

Reason for placement outside of designated dates

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Name of Company \_\_\_\_\_

Contact name & Phone Number

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Address

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Type of work

Other information

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Student Signature

Parent Signature

Date

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Form must be pre submitted at least two weeks before placement to Mrs Doyle only. The school reserves the right to refuse permission to accept placement.