



St. Oliver Post Primary School, Oldcastle, Co. Meath

Telephone: 049 8541180
Fax: 049 8542201
Email: stoliverpostprimary@lmetb.ie



28th May 2018

Principal: Mr. Brendan Corcoran Deputy Principal: Mr. Micheal McCafferty

Dear Parent/Guardian,

Next year is a new and exciting year for you son/daughter, who has been offered a place on the Transition Year Programme 2018/2019. Students will begin TY on Monday 27th August from 9.00am – 12.30pm.

STUDENT REQUIREMENTS FOR TRANSITION YEAR

Uniform

Full school uniform is required for regular school days but we request that each TY student wears a plain coat/jacket. Hoodies/Regular Sweatshirts/Team Jackets are not allowed.

PE Uniform

As TY involves students being involved in a number of trips away, courses such as First Aid/Self Defence etc. we request that each student have their full PE uniform which includes 1. Navy Sweatshirt and Navy or White Polo Shirt with the school logo and initials 2. Navy or Black Tracksuit bottoms.

Subject Requirements

In order to ensure that your son/daughter is fully organised for all their new classes they **must** have the following items with them on their first day in August:

(Please note that your son/daughter should have many of these items from Junior Cert.)

- A4 Folder and A4 Refill pad
- 100 pack of Plastic Pockets
- 5 A4 Hardback Copybooks and 5 Soft Copybooks
- Art equipment: 2 x 3B pencils, A3 Sketchbook, A2 folder
- Pencil Case – pens, pencils, eraser, sharpener, ruler, calculator, etc.
- Large Pritt Stick, colouring pencils and markers.

INFORMATION EVENING FOR TY PARENTS AND STUDENTS

We will meet you and your son/daughter on Thursday 6th September to outline all of the TY programme as well as the subjects/modules that we hope to offer your son/daughter. **An essential element of the evening is the signing of the Student Contract of Learning by parents/guardians and students.**

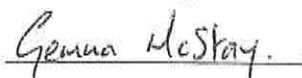
WORK EXPERIENCE

We request that each student attends three **different** placements. Please find the dates for these placements on the back of this letter. **It is so important that you look for all three work experience placements as soon as possible and that you get a placement that is as close as possible to the career area that your son/daughter would like to investigate as part of TY.** In this pack are three copies of a letter for each employer which includes the schools insurance details for host employers. We recommend that you put your contact details on the employer letter so that you can be contacted in the event of an emergency. Also included are three copies of an employer information form for each employer to fill out and sign. **In order for work experience to start on time all employer information forms must be returned to the school office in an envelope with your name on it by Wednesday 15th August.** A report for each placement is also included. Each year a small number students find a placement they want but the dates we provide don't suit that particular employer. In these cases we recommend that you contact the school and we will do our best to accommodate this. An online version of this pack will also be on the school website under the TY tab in the Parent's section.

PLACEMENT DATES TERM 1	PLACEMENT DATES TERM 2	PLACEMENT DATES TERM 3*
Friday 7 th September	Friday 11 th January	Friday 1 st March
Friday 14 th September	Friday 18 th January	Friday 8 th March
Friday 21 st September	Friday 25 th January	Friday 15 th March
Friday 5 th October	Monday 28 th January	Friday 22 nd March
Friday 12 th October	Tuesday 29 th January	Friday 29 th March
Friday 19 th October	Wednesday 30 th January	Friday 5 th April
Friday 26 th October	Thursday 31 st January	Friday 12 th April
Friday 9 th November	Friday 1 st February	Friday 3 rd May
Friday 16 th November	Friday 8 th February	Friday 10 th May
Friday 23 rd November	Friday 15 th February	

We wish your son/daughter the best of luck in their Junior Certificate exams and I look forward to working with our new TY group in August.

Yours sincerely,



Gemma McStay
Transition Year Programme Co-ordinator and Year Head

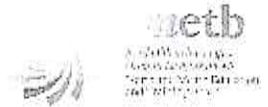


Brendan Corcoran
Principal



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A Chara,

I would like to take this opportunity to thank you for taking our Transition Year student for work experience. These days are for the purpose of gaining experience and insight into the world of work as well as forming a basis for personal development and maturity.

Our students are afforded the opportunity to attend three different placements over the course of the year as outlined below:

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*Belfast Trip will be in March – date to be confirmed.

The contact details of our student’s parent/guardian **should have been outlined below** should you need them in the event of an emergency:

A copy of our insurance document is on the back of this letter. Please note that this document expires on 31st December 2018 however we will forward you an up to date document, upon request, as soon as we have it ourselves. You will be requested to fill out an Employer Report to assess his/her progress before they finish up and return it to our student.

Yours sincerely,

Gemma McStay - Transition Year Work Experience Co-ordinator

Employers Liability & Public / Products Liability - Indemnity Letter to Host Employers

Insured:	Louth and Meath Education and Training Board
Policy Number:	CCP0002171
Period of Insurance:	01 January 2018 to 31 December 2018
Policy Type:	Employers Liability & Public / Products Liability
Limit of Indemnity: Employers Liability	Not less than €13,000,000 any one Occurrence
Limit of Indemnity: Public Liability	Not less than €6,500,000 any one Occurrence
Limit of Indemnity: Products Liability	Not less than €6,500,000 any one Occurrence and in any one Period of Insurance

Dear Sir/Madam,

This is to confirm that the above Sections of the Policy are extended to indemnify a Host Employer in respect of legal liability arising out of or in connection with Student / Trainee placements for which the Insured would have been entitled to indemnity under such Sections had the Claim(s) been made against the Insured provided always that:

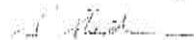
- a) such party is not entitled to indemnity under any other policy
- b) such party shall, as though they were the Insured, observe fulfil and be subject to the Terms, Definitions, Conditions, Exclusions, Endorsements and Limits of the Policy insofar as they can apply
- c) the Insurer shall have the full conduct and control of all Claim(s) in respect of which indemnity is provided by this Extension
- d) nothing in this Extension will serve to increase the liability of the Insurer to pay any amount in excess of the Limit of Indemnity and indemnity will apply in priority to the Insured.

The indemnity provided by this cover is not intended to apply in respect work placements relating to the following activities:

- (a) atomic energy risks
- (b) aviation work or airport risks (but this does not apply to ground operations, catering, hangar observation or offices/reception areas of airports)
- (c) demolition work of any kind
- (d) work in mines, collieries or quarries
- (e) ship breaking or ship repairing
- (f) tunnelling or work in sewers
- (g) stevedoring or dockside risks
- (h) any work in connection with explosives
- (i) gas works or filling of any gas into cylinder
- (j) tree felling or lopping
- (k) any work carried out at a height in excess of 5 metres (but this height limit is not necessarily from ground level. It may be from a first floor or some secure level)
- (l) excavations below 3 metres in depth
- (m) work in reservoirs
- (n) driving a mechanically propelled vehicle
- (o) work on a boat or trawler
- (p) use of any oxyacetylene or electric welding or cutting plant or any blow lamp or blow torch unless the student is wearing personal protective equipment and is directly supervised by the Host Employer.

If you have any queries, please do not hesitate to contact me using the details below.

Yours faithfully,



John Sheridan
Senior Underwriter IPB Insurance
Direct: +353 1 6395549 Email: John.Sheridan@ipb.ie



EMPLOYER INFORMATION FORM



Student Name: _____

EMPLOYER CONTACT DETAILS

Name of Company: _____

Name of Contact Person: _____

Tel Number: _____

*Email Address: _____

*(Email address must be included)

Placement Address: _____

I confirm that the above named student will be carrying out his/her work experience with us during the placement dates listed for **Term 1 2 3** Please circle preference.

If any of the dates given here do not suit you to have our student please indicate below

Signed: _____ Date: _____

Employer/Supervisor

PARENTAL CONSENT

I give my son/daughter permission to carry out his/her work experience placement with this employer on the dates listed above. I will give the school and the employer advance notice, if my son/daughter cannot attend work on any of these dates.

Signed: _____ Date: _____

(Parent / Guardian)

EMPLOYER REPORT



ST. OLIVER POST PRIMARY, OLDCASTLE, CO. MEATH.

Tel: 049/8541180 Fax: 049/8542201

Email: stoliverpostprimary@lmetb.ie

Student Name: _____

Employer/Company: _____

Supervisor Name: _____

Supervisor Contact Details: _____

Criteria	Credits Max 6	Comments
Attendance Punctuality		
Ability to work on own initiative.		
Standard of Work		
Ability to work with others		
Attitude towards job		
Total (out of 30)		

Signed: _____

Date: _____

Employer/Supervisor