

LCA 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



LCA WORK EXPERIENCE INFORMATION FORM



Student Name:

EMPLOYER DETAILS

Name of Company:

Name of Contact Person:

Tel Number:

*Email Address:

*(Email address must be included)

Placement Address:

Please circle the term that this work placement relates to:

Placement 1

Placement 2

PARENTAL CONSENT

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

Signed: _____

(Parent / Guardian)

Date: _____