

Re: **Course Name** and Work Placement 202x

Dear Employer,

Thank you for agreeing to accommodate our student for their work placement for this academic year. **Student Name** is a learner on our **Course Name** course. As part of this programme, learners are required to complete a mandatory industry based work experience placement (approximately x **hours'/xx days** duration in order) to gain certification in this area.

Our learner will be with you for a **one day per week placement /a block period from (enter dates)**. It is of great benefit for learners to gain relevant work experience in this sector and we greatly appreciate your organisation accommodating them. Without the help and cooperation of employers, it would not be possible for us to incorporate this learning experience into our courses.

Please find the following documents attached for your information:

1. **Work Experience Guidelines for Employers:** This outlines requirements and expectations for the placement. Learners are required to present evidence of the outcome of their Garda Vetting (if applicable).
2. **Work Experience Agreement Form:** To be completed before or on the first day of placement.
3. **Details of our Insurance Cover:** All learners are covered under LMETB's Insurance Liability while on work experience placements
4. **A Work Experience Supervisor's Report:** This should be completed at the end of the placement by the learner's supervisor and returned to the college by post/email.

Please confirm that the placement is acceptable to you by completing the work experience agreement form (a copy to be retained by the employer and the learner when completed) in the Employer Pack (attached).

If you have any queries on the work experience programme, please contact me on 041 xxx xxxx or at ANother.xxx@lmetb.ie

Yours sincerely,

WE Teacher or Course Coordinator Name

Name of FET Centre/School

Address

Co. Louth

WORK EXPERIENCE GUIDELINES FOR EMPLOYERS

Thank you for offering a work experience placement to one of our learners. Work experience is extremely valuable for our learners and is a vital element of their QQI programme.

BEFORE THE PLACEMENT

As part of this correspondence the college will provide you with:

- A Letter of Understanding between college and employer regarding the work experience placement.
- A Work Experience Agreement Form to be signed by employer and learner (included below).
- Contact Details for liaison person within college (included below).
- Details of Insurance Cover (included below).
- A Work Experience Supervisor's Report on the learner's performance which should be completed by the learner's work experience supervisor and returned to the college by post or email (included below).

GARDA VETTING

Garda Vetting will be necessary if the learner will be working with children or vulnerable adults. Learners are required to present evidence of the outcome of their Garda Vetting (if applicable). You should examine this document carefully.

DURING THE PLACEMENT

- Assign a work experience supervisor to the learner: a staff member who will provide induction, guidance and constructive feedback.
- **The college will be in touch with you during the placement, either through a pre-arranged visit or a phone call, to check in on how the placement is progressing.**
- If any problematic issues arise during the placement, you should make contact with the liaison person in the college-centre (see details below). If a learner does not turn up and has made no contact with you we request that you inform the liaison contact in this instance as soon as possible.
- We suggest that a general induction should take place on the first morning of the placement and may include some/all of the following areas (if relevant to the setting):
 - An introduction to the organisation and the key people with whom the learner will engage.
 - A tour of the facilities.
 - First aid facilities, fire exits, evacuation procedures and health and safety information the student should be made aware of.
 - Hours of work, break times etc.
 - Codes for doors, photocopier, PC password, if relevant.
 - Rules regarding use of PC and access to internet, if relevant.
 - Policies regarding confidentiality, data protection etc.
 - An outline of what the learner will be doing during their time with you.
 - Details about who could be contacted in an emergency situation.

- Where possible the learner should be given tasks which are relevant to their course of study and which will give them an understanding of your organisation. They should be supervised/supported and mentored to safeguard the learner's health, safety and welfare at work.
- Learners should have the statutory breaks as other staff are entitled to.

AT THE END OF THE PLACEMENT

- Where possible the supervisor/mentor will review the experience with the learner, providing feedback to enable them to summarise what they learned from the experience.
- A Supervisor Report Form on the learner's performance during the placement is included below. **This forms part of the learner's overall assessment for their course and is essential in order for the learner to pass the Work Experience module.** We ask that it be completed by the learner's work experience supervisor and returned to the college by post or email. If returning with the learner please return in a sealed envelope for the attention of the work experience coordinator.

FET CENTRE CONTACT DETAILS

College	FET Centre/School
Address	FET Centre/School, Address
Name of Liaison person	Course Coordinator/ WE Teacher
Phone number	0xx xxx xxxx
Email address	Course Coordinator/ WE Teacher Email

LMETB INSURANCE LIABILITY COVER



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 2024 to 31 December 2024
Employer's Liability Section: Limit of Indemnity	Not less than €13,000,000 any one Occurrence
Public Liability Section: Limit of Indemnity	Not less than €6,500,000 any one Occurrence
Products Liability Section: Limit of Indemnity	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 this Policy are extended to indemnify a Host Employer in respect of legal liability arising solely out of or in connection with Student/Trainee placements and for which the Insured would have been entitled to indemnity under the Policy had the Claim been made against the Insured, provided always that;

- (a) the Host Employer will, 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;
- (b) the Insurer shall have the full conduct and control of all Claims for which indemnity is provided by this Policy;
- (c) nothing in this letter 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.

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

Yours sincerely,



John Sheridan

Senior Commercial Underwriter | IPB Insurance

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Working to make a difference



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Directors George Jones (Chairperson),
Michael Garvey, Enda Devine, John Clancienne,
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Ronan McMahon, Cathiona Somers,
Company Secretary Emily Chambers

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WORK EXPERIENCE AGREEMENT FORM

LEARNER	EMPLOYER
Learner's Name:	Employer:
Address:	Address:
Mobile number:	Supervisor:
Dates of Work Experience:	Supervisor contact no.:
Days/Hours of work:	Supervisor email address:
Emergency contact name and number for learner:	
<p>LEARNER</p> <p>As the Learner, I agree to take part in this Work Experience, to be punctual in attendance and to inform the employer and my course co-ordinator of any absence due to illness, etc.</p> <p>I also agree to hold in confidence any information about the employer's business that I may obtain during this work experience and not to disclose such information to another person without the employer's permission.</p> <p>In addition, I also agree to observe all safety, security and other regulations laid down by the employer and made known to me by the employer, the employer's representative or by displayed instructions.</p> <p>Signature: _____ Date: _____</p>	
<p>EMPLOYER</p> <p>As a representative of the above employer, I agree to the learner named above working on my premises on a work experience placement.</p> <p>A staff member will act as the learner's supervisor.</p> <p>The learner will as far as possible be given tasks which are relevant to their course of study.</p> <p>We will take care not to place the learner at risk, and, as far as is reasonably practicable, safeguard their health, safety and welfare at work.</p> <p>Name: _____ Position: _____</p> <p>Signature: _____ Date: _____</p> <p>Signed copies of this agreement to be retained by employer/learner</p>	

Level 5 Work Experience 5N1356 – Work Experience Supervisor's Report

Learner's Name:		Centre/College Name:		Telephone Number:	
Organisation/Company Name		No. of Days/Hours worked:			
Placement Supervisor's Name:		Placement Supervisor's Number:		Placement Supervisor's Email:	
<p>This report forms an important part of the overall assessment of Level 5 Work Experience 5N1356 programme for QQI certification and will count towards the final grade the learner achieves in their award.</p> <p>It should be completed by a supervisor/manager who has observed the learner in the workplace.</p>					

The Work Experience Supervisor should indicate the Learner's performance by placing a tick for each of the criteria under one of the headings.

Criterion	Excellent	Very good	Satisfactory	Unsatisfactory	

	(Marks)	3.5	2.5	2.0	0	
Work Experience Supervisor Comments						
1. Punctuality: Arrives at work on time. Promptly returns from lunch and breaks. Completes the required number of hours per day. Meets deadlines for tasks						
2. Personal presentation as appropriate to the vocational area: Appropriately dressed for work. Meets relevant hygiene standards. Appropriate posture for work, where relevant.						
3. Compliance with health, safety and other regulations: Shows knowledge of relevant regulations and reporting requirements. Dresses appropriately, e.g., hard hat, non-slip soles, etc. Demonstrates safe and hygienic practices and routines, e.g., hand washing. Safe operation of machinery and equipment.						
4. Working independently while under general direction: Follows instructions carefully. Seeks clarity when needed from the appropriate person. Adheres to instructions while completing tasks. Fully completes tasks assigned. Seeks additional work once assigned tasks are completed						

Please turn over to complete the remaining areas.

Criterion	Excellent	Very good	Satisfactory	Unsatisfactory	
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	(Marks)	3.5	2.5	2.0	0	
Work Experience Supervisor Comments						
5. Good practice appropriate to the vocational area: Uses good practice in carrying out tasks. Demonstrates ability to carry out key skills associated with the vocational area. Shows interest in the work and willingness to learn.						
6. Effective interpersonal communication skills as appropriate to the vocational area: Speaks clearly. Interacts appropriately and in a professional manner with supervisor, co-workers and clients. Demonstrates effective listening skills. Receives feedback in a positive manner.						
7. Effective technical/written communication skills as appropriate to the vocational area: Uses appropriate communication skills for assigned tasks. Demonstrates effective use of technological communication skills where relevant (e.g. Microsoft Office, scanning, email) and/or effective written communication skills where relevant (e.g. reports, forms).						
8. How would you rate the learner's attributes and aptitudes as needed to participate effectively in this vocational area?						

Signature of Work Experience Supervisor:		Date:	
Signature of Assessor:		Date:	

**Supervisors Report and Work Experience Agreement Form ** to be returned to Course Coordinator/Teacher (Work Experience Coordinator) by the Deadline Date	
Via Email	Course Coordinator/Teacher email address
Via Post:	Address: Course Coordinator Name: Names of FET Centre/School, Address, Co. Louth or Co. Meath