

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

Dear Learner,

Student Name as a learner on **Course Name** you 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.

You will be placed on work experience for **one day per week placement /a block period from (enter dates)**. It is of great benefit to you as a learner to gain relevant work experience in this sector.

Please find the following documents attached for your information:

1. **Learner Application Letter** this is available for you to actively seek work experience opportunities.
2. **Please ensure that you have evidence of Garda Vetting if your placement involves dealing with young children or with Vulnerable Adults**
3. **Work Placement/Experience Agreement Form:** This is to be completed before or on the first day of placement. Your employer will also require a copy of this completed form
4. **Details of LMETB Insurance Cover:** All learners are covered under LMETB's Insurance Liability while on work experience placements
5. **A Work Experience Diary**
6. **A Thank you letter to your employer**

If you have any queries on the work experience programme, please contact your coordinator 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 LEARNERS

Work experience is extremely valuable for you as a learner and is a vital element of your QQI programme.

BEFORE THE PLACEMENT

Please ensure that you have completed the following:

- A Letter of Application to your Employer
- A Work Experience Agreement Form which is to be signed by you and your employer
- Provide contact details for liaison person within your school or college
- Provide details of LMETB Insurance Cover
- Complete a Work Experience Diary as requested by your WE Coordinator at your school or college

GARDA VETTING

Garda Vetting will be necessary if you will be working with children or vulnerable adults. You will be required to present evidence of this to your employer.

DURING THE PLACEMENT

- Ensure that you have spoken to a staff member or work experience supervisor who will provide induction, guidance and constructive feedback.
- A general induction should take place at the start of the placement and this may include some or 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.

- You should expect to be given tasks which are relevant to your course which will give you an understanding of your organisation. You should be supervised/supported and mentored to safeguard your health, safety and welfare at work.
- You should have the same breaks as other staff are entitled to.
- **Check that your work experience supervisor has been in touch with your employer during the placement, either through a pre-arranged visit or a phone call.**
- If any issues arise during the placement, contact your school or college without delay.

AT THE END OF THE PLACEMENT

- Where possible the supervisor will review your work experience with you, providing feedback to enable them to summarise what you have learned from the experience.
- Your Supervisor will complete a report which will form part of your overall assessment for this course. This is essential for you to pass the Work Experience Module. If this is given to you, please ensure it is in a sealed envelope marked for your WE Coordinator.

FET CENTRE CONTACT DETAILS

College	FET Centre/School
Address	FET Centre/School, Address
Name of Liaison person	Course Coordinator/ WE Teacher
Phone number	xx 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

Direct: +353 1 6395549 | Email: John.Sheridan@ipb.ie

Working to make a difference



IPB Insurance

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

Reg. No. 7532 Republic of Ireland, IPB Insurance CLG, trading as IPB Insurance, is regulated by the Central Bank of Ireland.

For business in the UK, IPB Insurance is authorised by the Central Bank of Ireland and subject to limited regulation by the Financial Conduct Authority.

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>	

REVIEW OF WORK EXPERIENCE PLACEMENT

Thank You Letter Template

Use the template below to create your own thank you letter to be sent to your work placement employer, thanking them for giving you the opportunity to complete your work placement with them.

Your Address

Business Address

Date

Dear

Thank you for giving me the opportunity to gain valuable work experience in the area of

I learned much about and what is needed to become successful in

I really enjoyed working with all the staff and would like to thank them for making me feel so welcome.

Yours sincerely