



Lucan Community College
Transition Year Work Experience

Dates: February 10th, 2025 – February 14th, 2025.

Student's Name:

Class Name (Please do not write "Transition Year") _____

Employer's Name and Address:

Employer's telephone number: _____

Name of student supervisor: _____

Brief Job Description:

Start Time: _____ **Lunch Time:** _____ **Finish Time:** _____

Any Specific requirements e.g., uniform _____

Minimum requirement of no less than 5 hours per day.

Please return this form to letter box in Area E as soon as the employer has agreed to give you a work placement. Alternatively email to imeldahiggins@lucancc.ie