

Holy Faith Secondary School

Work Experience Offer

I shall be able to offer a work experience placement for

Student's Name _____

Dates: Week 1, 29th January – 2nd February 2018 _____

 Week 2, 5th February – 9th February 2018 _____

Name of Company: _____

Nature of Work Experience: _____

Email address _____
(Please print)

Postal Address: _____

Tel. No: _____

Fax No: _____

Name of Contact Person/ Supervisor: _____
(Please print)

Signed: _____

Please return this letter to the student named above or to Ms Mc Donnell at Holy Faith Secondary School, 1 Belgrove Road, Clontarf, Dublin 3