Dublin and Dún Laoghaire Education and Training Board

Skerries Community College

TY

WORK EXPERIENCE PACK

2026-2027

ALL YOU NEED TO KNOW GUIDE ……..

KEY POINTS TO NOTE:

1. **Indemnity Insurance Letter to cover Students Work Experience Placement(s). This Letter covers Work Experiences to end of December 2020 only. In early January 2027 a new Indemnity Insurance Form will be uploaded to our school website to cover all other work experiences to end of May 2027.**

2. **TY Work Experience Form A Week 1 2nd Feb – 5th Feb 2027**

3. **TY Work Experience Form A Week 2 8th Feb – 12th Feb 2027**

4. **TY Extra Work Experience Form**
   Remember all extra work exp must be notified to TY Co-ordinator by writing in the form of letter or email to:
   ty@skerriescc.ie
   Extra Work Experience is classified as work experience of a Professional Programme of work and does NOT include taking time out from school to work in a local shop, restaurant, café etc.

5. **National Vetting Bureaux (Garda Vetting – Child protection issues):**
   i) **Vetting Information (Form NVB1)**
   ii) **Parents/Guardian Consent Form (NVB3)**
   iii) **ID Validation Form**

The very best of luck to all of you during your work experience(s) throughout this academic year. Remember, it's about taking up all these OPPORTUNITIES and seizing the moment!

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Mr McGowan Transition Year Programme Co-ordinator Skerries CC

Employers Liability & Public/Products Liability
Indemnity Letter to Host Employers

Insured:	Dublin and Dun Laoghaire Education and Training Board
Policy Number:	CCP0002163
Period of Insurance:	01 January 2026 to 31 December 2026
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,

Underwriting Department | IPB Insurance
Direct: +353 1 6395500 | Email: Underwriting@ipb.ie

Skerries Community College

Coláiste Phobal na Scéirí

Principal: Mr Kevin McLoughlin

Transition Year
Work Experience (Form A)
Week 1
Dates: 2/2/27 – 5/2/27

Student Name:
Class:
Official Name of Company / Employer:
Address of Company:
Eircode of Employer:
Phone Number:
Email Address:
What is the purpose of the company / organisation:
Name the Person whom you know in the Company / your contact person:
Name of Manager (if different):
What type of work will you be doing:
What are your start and finish TIMES in the day: **Monday:** **Thursday:** **Tuesday:** **Friday:** **Wednesday:** **Parent / Guardian Signature:**
Compulsory
Company Stamp:

Skerries, Co. Dublin K34 HH29 Telephone 01-8490011 Fax: 01-8490015

TY Email: ty@skerriescc.ie Email: info@skerriescc.ie Web: www.skerriescommunitycollege.ie

Skerries Community College

Coláiste Phobal na Scéirí

Principal: Mr Kevin McLoughlin

Transition Year
Work Experience (Form A)
Week 2
Dates: 8/2/27 – 12/2/27

Student Name:
Class:
Official Name of Company / Employer:
Address of Company:
Eircode of Employer:
Phone Number:
Email Address:
What is the purpose of the company / organisation:
Name the Person whom you know in the Company / your contact person:
Name of Manager (if different):
What type of work will you be doing:
What are your start and finish TIMES in the day: **Monday:** **Thursday:** **Tuesday:** **Friday:** **Wednesday:**
Parent/Guardian Signature **Compulsory**
Company Stamp:

Skerries, Co. Dublin K34 HH29 Telephone 01-8490011 Fax: 01-8490015

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Skerries Community College

Coláiste Phobal na Scéirí

Principal: Mr Kevin McLoughlin

Transition Year

EXTRA WORK EXPERIENCE
Dates:

Student Name:
Class:
Official Name of Company / Employer:
Address of Company:
Eircode of Employer:
Phone Number:
Email Address:
What is the purpose of the company / organisation:
Name the Person whom you know in the Company / your contact person:
Name of Manager (if different):
What type of work will you be doing:

What are your start and finish TIMES in the day:

Monday: **Thursday:**

Tuesday: **Friday:**

Wednesday:

Parent / Guardian Signature:
Compulsory

Company Stamp:

Skerries, Co. Dublin K34 HH29 Telephone 01-8490011 Fax: 01-8490015

TY Email: ty@skerriescc.ie Email: info@skerriescc.ie Web: www.skerriescommunitycollege.ie

etb
Bord Oideachais agus Oiliúna
Átha Cliath agus Dhún Laoghaire
Dublin and Dún Laoghaire
Education and Training Board

Guidelines for completing Vetting Invitation Form (NVB 1)

Please read the following guidelines before completing this form.

Miscellaneous

The Form must be completed in full using **BLOCK CAPITALS** and writing must be clear and legible.

The applicants signature must be a wet ink signature.

Photocopies will not be accepted.

All applicants will be required to provide documents to validate their identity.

If the applicant is under 18 years of age, a completed NVB 3 - Parent\Guardian Consent Form will be required. Please note that where the applicant is under 18 years of age the electronic correspondence will issue to the Parent\Guardian. This being the case, the applicant must provide their Parent\Guardian Email address on the NVB 1 form.

Personal Details

Insert details for each field, allowing one block letter per box.

For Date of Birth field, allow one digit per box.

Please fill in your Email Address, allowing one character/symbol per box. This is required as the invitation to the e-vetting website will be sent to this address.

Please allow one digit per box for your contact number.

The Current Address means the address you are now living at.

The address fields should be completed in full, including Eircode/Postcode. No abbreviations.

Role Being Vetted For

The role being applied for must be clearly stated. Generic terms such as "Volunteer" will not suffice.

Declaration of Application

The applicant must confirm their understanding and acceptance of the two statements by signing the application form at Section 2 and ticking the box provided.

An invitation to the e-vetting website will then be sent to your Email address from evetting.donotreply@garda.ie

The **Identity Document Validation Form** section of this form must be completed by the person validating your identity and proof of address documents from the organisation listed in Section 2.

DUBLIN AND DÚN LAOGHAIRE ETB
1 Tuansgate, Belgard Square East,
Tallaght, Dublin 24
Tel:: 353(01) 4529600
Email: niamhdelaney@ddletb.ie

Your Ref:

Form NVB 1

U18

Vetting Invitation

Section 1 – Personal Information

Under Sec 26(b) of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016, it is an offence to make a false statement for the purpose of obtaining a vetting disclosure.

Forename(s):

Middle Name(s):

Surname:

Date Of Birth: D D / M M / Y Y Y Y

Parents/ Guardian Email Address:

Parent/Guardian Contact Number

Role Being Vetted For:

Current Address:

Line 1:

Line 2:

Line 3:

Line 4:

Line 5:

Eircode/Postcode:

Section 2 – Additional Information

Name Of Organisation:

I have provided documentation to validate my identity as required and I consent to the making of this application and to the disclosure of information by the National Vetting Bureau to the Liaison Person pursuant to Section 13(4)(e) National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.

☐ Please tick box, to confirm I have read above declaration.

Applicant's Signature:

Date: D D / M M / Y Y Y Y

FOR OFFICE USE ONLY – Not to be completed by applicant

Your Ref:

Identity Document Validation Form

Section 1: Photographic ID

Is the photographic document, being relied upon, current and not expired?	[ ] Yes [ ] No
Is the photograph on the document a true likeness for the vetting subject?	[ ] Yes [ ] No
Is the photograph of high quality and clear?	[ ] Yes [ ] No
Is the date of birth on the document matching the date provided on the NVB1 Form?	[ ] Yes [ ] No
Is the name on the document exactly matching the name provided on the NVB1 Form?	[ ] Yes [ ] No

Section 2: Proof of Address

Is the address document dated within six months of the consent date?	[ ] Yes [ ] No
Is the address on the proof of address document matching the address provided on the NVB1 Form?	[ ] Yes [ ] No
Is the vetting subject's name included on the proof of address document?	[ ] Yes [ ] No
Is the document acceptable as proof of address document, as per Identity Document Schedule?	[ ] Yes [ ] No

Section 3: NVB1 Form

Is the NVB1 form dated and signed by the vetting subject?	[ ] Yes [ ] No
Is the role accepted to be relevant work or activity?	[ ] Yes [ ] No
Is the Consent Box ticked?	[ ] Yes [ ] No

Section 4: Document Confirmation

I have physically seen and retained/forwarded a copy of the following documents: (Please check all that apply)

Completed NVB1 Form (original)	[ ] Yes [ ] No
Photographic ID document type: _____	[ ] Yes [ ] No
Document Reference No. _____	
Proof of address document type: _____	[ ] Yes [ ] No

If you have answered No to any of the above questions the vetting subject has not met the criteria to continue with the vetting process

Section 5: Validator Information

Validator's Name (PRINT NAME): _____

Validator's Signature: _____

Validator's Role: _____

Validator's Contact Number: _____

Date of Validation: _____

AN GARDA SÍOCHÁNA

NATIONAL VETTING BUREAU

PARENT/GUARDIAN CONSENT FORM (NVB 3)

Applicant Details

Forename(s):

Surname:

Date Of Birth: D D / M M / Y Y Y Y

Parent/Guardian Details

Under Sec 26(b) of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016, it is an offence to make a false statement for the purpose of obtaining a vetting disclosure.

Forename(s):

Surname:

Relationship to applicant: **Father:** **Mother:** **Guardian:**

Address:

Line 1:

Line 2:

Line 3:

Line 4:

Line 5:

Eircode/Postcode:

Parent/Guardian Consent

I, being the Parent/Guardian of the above named applicant, consent for the National Vetting Bureau to conduct vetting in respect of the above named applicant in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.

Parent/Guardian Signature:

Date: D D / M M / Y Y Y Y