



Coláiste na Mí

Coláiste na Mí
Johnstown
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TRANSITION YEAR 2020 WORK EXPERIENCE DETAIL

Student Name: _____

Name of Company:

Contact Person(s):

Company Description:

Website: _____

Address: _____

Phone Number:

(w) _____ (m) _____

Email: _____

What role will **you** have in the company? _____

It is very important that this form is completed and returned to your TY Coordinator as soon as possible to allow for the appropriate administration to be carried out. Monday the 7th of September is your deadline.

Student's signature: _____

Parent guardian's signature: _____

Employer's signature: _____