

# GÆLCHOLÁISTE REACHRANN

Bóthar Mhainistir na Gráinsí

Domhnach Míde,

Baile Átha Cliath 13.

fón: 01-8770935 facs: 01-8770272

Ríomhphost: reachrann@booacdl.ie

Suíomh Idirlín: www.gcreachrann.com

Príomhoide: Máire Ní Ghealbháin M.Sc. B.A. (C.O.)

Príomhoide Tánaisteach: Ciarán Ó Rodaigh M.Bs B.A.Mod (ADO)

Le líonadh amach ag an dalta / tuismitheoir / caomhnóir

**Taithí Oibre: 1 / 2 / 3** (Cuir ciorcal)

\_\_\_\_ / \_\_\_\_ / 201 \_\_\_\_ go dtí \_\_\_\_ / \_\_\_\_ / 201 \_\_\_\_

Ainm Dalta: \_\_\_\_\_

Rang: \_\_\_\_\_

## Sonraí Oibre

Comhlacht: \_\_\_\_\_

Seoladh: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Feitheoir: \_\_\_\_\_

Uimhir fón: \_\_\_\_\_

Ríomhphost: \_\_\_\_\_

Gnéithe an

Phoist \_\_\_\_\_

(oideachas, gnó,

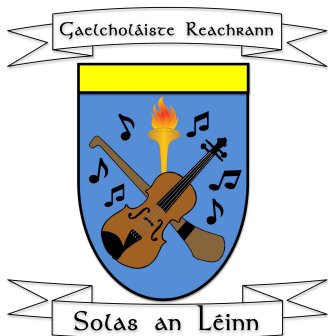
cúntasíocht,

spóirt 7srl): \_\_\_\_\_

**Síniú Tuismitheoir nó Caomhnóir:**

\_\_\_\_\_

Caithfear an fhoirm seo a chur ar ais **ar a laghad seachtain amháin** roimh an taithí oibre.



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*To be filled in by the student / parent / guardian*

**Work Experience: 1 / 2 / 3 (Circle)**

\_\_\_\_ / \_\_\_\_ / 201\_\_\_\_ to \_\_\_\_ / \_\_\_\_ / 201\_\_\_\_

Student Name: \_\_\_\_\_

Class: \_\_\_\_\_

### **Work Details**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Nature of Work \_\_\_\_\_

(education, retail, \_\_\_\_\_

accounting, sport, \_\_\_\_\_

media, medicine \_\_\_\_\_

etc): \_\_\_\_\_

**Signature of Parent or Guardian:**

\_\_\_\_\_

This form must be returned **at least one week** before commencing work experience.