

In Confidence
SHEEHY MOTOR GROUP
WORK EXPERIENCE PLACEMENT APPLICATION FORM

SECTION 1: PERSONAL DUTIES

(Please complete section 1 in CAPITAL letters)

Last Name _____	First Name _____
Address _____ _____	
Postcode _____	Date of Birth _____
Telephone _____	Emergency Contact No: _____
email address _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Proposed start date _____	End date (2 week maximum) _____

SECTION 2: SCHOOL DETAILS

School Name:	_____
School Address:	_____ _____ _____
Placement Co-ordinator / teachers name	_____
Placement Co-ordinator / teachers contact no	_____
Current year level	_____

SECTION 3: EDUCATION DETAILS

Subjects you are studying at present		
1. _____	6. _____	
2. _____	7. _____	
3. _____	8. _____	
4. _____	9. _____	
5. _____	10. _____	
Tick the level you are studying these subjects to:		
<input type="checkbox"/> LC	<input type="checkbox"/> LCA	<input type="checkbox"/> Other

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SECTION 4: AREA OF INTEREST

(Please specify what area of our business that you are hoping to gain experience in)

SECTION 5: PERSONAL STATEMENT

Why have you chosen to apply to Sheehy Motor Group for your work experience placement?

What would your ideal job be when you leave school?

What attributes and key skills do you possess that fit with the area you identified in Section 4?

What objectives do you want to achieve throughout the placement with Sheehy Motor Group?

SECTION 6: HEALTH DETAILS

Please give details of any medical condition that may affect your work experience at Sheehy Motors. If you are on any type of medication, please give details of what it is and how often you have to take it.

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SECTION 7: SIGNATURES

(Application will be declined if this section is incomplete)

Student's signature	
I confirm that all the information provided on this application form is correct.	
Signature _____	Date _____
Parent/Guardian Consent	
I support this application for work experience at Sheehy Motor Group	
Signature _____	Date _____
Print Name _____	

SECTION 8: SCHOOL REFERENCE

(Application will be declined if this section is incomplete)

Please comment on applicant's behaviour, punctuality, attendance, initiative, participation in school/group activities and other information which is relevant in this application for work experience.	
Signature _____	Position _____
Print name _____	Date _____
Work experience Co-ordinator signature _____	Print Name _____

Please return the completed application form to:
Mary-Sue McMullan, Group HR Manager, Sheehy Motors, Newbridge Road, Naas, Co Kildare
Email: hr@sheehymotors.ie