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| --- | --- |
| **Student name:** |  |

|  |  |
| --- | --- |
| **Address:** |  |

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| --- | --- | --- | --- | --- |
| **Preferred Dates:** | **From:** | Choose date | **To:** | Choose date |

**Department(s) of Interest:**

|  |  |
| --- | --- |
| **Climate, Environment, Recreation and Amenity** | Environment |[ ]
|  | Climate Action |[ ]
|  | Library Services |[ ]
|  | Sports |[ ]
|  | Arts |[ ]
| **Finance, Water, and Information Systems** | Finance |[ ]
|  | ICT |[ ]
| **Emergency Response** | Integration Services |[ ]
|  | Emergency Services |[ ]
|  | Fire Services |[ ]
| **Organisational Development (HR and Corporate)** | Corporate Services |[ ]
|  | HR |[ ]
|  | Facilities Management |[ ]
|  | Energy Management |[ ]
|  | Customer Service |[ ]
| **Planning, Economic and Rural Development**  | Planning |[ ]
|  | Economic Development |[ ]
|  | Local Enterprise Office |[ ]
|  | Placemaking - TRO, T&V, UDRF & RRDF applications |[ ]
| **Social Development (Housing and Community)** | Housing Services |[ ]
|  | Community Services |[ ]
| **Transportation and Infrastructure Delivery** | Transportation Infrastructure |[ ]
|  | Strategic Capital Projects |[ ]
| **Law Department** | Law Department |[ ]
| **Arklow Municipal District Offices** | Arklow MD |[ ]
| **Baltinglass Municipal District Offices** | Baltinglass MD |[ ]
| **Bray Municipal District Offices** | Bray MD |[ ]
| **Greystones Municipal District Offices** | Greystones MD |[ ]
| **Wicklow Municipal District Offices** | Wicklow MD |[ ]

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| **Name of School/College/Services:** |  |

|  |  |
| --- | --- |
| **School/College Coordinator:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Mobile No.:** |  | **Email:** |  |

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| --- |
| **IN CASE OF EMERGENCY, PLEASE PROVIDE CONTACT DETAILS OF PARENT/GUARDIAN** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Mobile No.:** |  |

**===================================================================**

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| **OFFICE USE ONLY (TO BE COMPLETED BY STAFF OF WICKLOW COUNTY COUNCIL)** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Start Date:** | Choose date | **End Date:** | Choose Date |

|  |  |  |
| --- | --- | --- |
| **Copy of Insurance Form Received:** | Yes [ ]  | No [ ]  |

|  |  |
| --- | --- |
| **Name of Mentor/Supervisor:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Garda Vetting Completed:** | Yes [ ]  | No [ ]  | N/A [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Date:** | Choose Date |