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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:** |  |

|  |
| --- |
| **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)** |

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| --- | --- | --- | --- |
| **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 |