

VERITAS



# Dominican College Wicklow

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## WORK EXPERIENCE REPORT

### Block 3

*To be completed by the person under whose direction the student is placed and returned to the TY coordinator in DCW via email at [theresegoff@dominicanwicklow.com](mailto:theresegoff@dominicanwicklow.com)*

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

Name of Firm / company: \_\_\_\_\_

Date of Work Experience: From \_\_\_\_\_ To \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Please tick the appropriate box in each case below.

	Excellent	Very good	Good	Fair	Poor
Attendance					
Punctuality					
Willingness to listen					
Ability to follow instructions					
Capacity to work independently					
Ability to get on with co-workers					
Suitability for this type of work					

