

Transition Year Student Placement Information Form

Personal Details

Surname: _____ First Name: _____

Address: _____

Mobile Number: _____ Home Ph. Number: _____

Please provide details relating to the dates, duration, and location of placement required. It would also be useful to know if there is a particular area of our business you want to complete your placement within.

Your application details will be stored for a period of 14 months in line with the Data Protection Act 1988 - 2018 and the General Data Protection Regulation (Regulation (EU) 2016/679, and used solely for the purposes of your application for employment within the Company. For more information on the processing of your personal data please see our Data Protection Policy and Privacy Policy at www.coillte.ie.