

Work Experience Application Form

Please complete and return with proof of indemnity cover to:-

Appointments and Marketing Branch, Orchard House, 40 Foyle Street, Londonderry, BT48 6AT or
by email to:- resourcingchr@dfpni.gov.uk

PERSONAL DETAILS (to be completed by Student)

Name of Student _____ Date of Birth _____

Proposed dates of Placement _____

E-mail address _____

Special Requirements (If any) _____

Do you have a health or behavioural condition or are you taking any medication that could reasonably affect your ability to carry out work in the Northern Ireland Civil Service? Yes / No

(If you answer yes to the above question, you will not necessarily be refused a placement, but you will be asked to consent to provide further information)

EMERGENCY CONTACT DETAILS (to be completed by Student)

Please enter details of Parent or Guardian who can be contacted in case of emergency.

Name of Parent/ Guardian _____

Address _____

Mobile/Telephone number _____

SCHOOL / ORGANISATION CONTACT DETAILS

School/ Organisation _____

Careers contact name _____

School / College Address _____

Telephone number _____ Email _____

TO BE COMPLETED BY SCHOOL/ORGANISATION CONTACT

I (print name) _____ as the point of contact for the school/organisation name above can confirm that our organisation endorses this student for this period of work experience in the NICS.

Signature _____ **Date** _____

Position in School/Organisation _____

CHILD PROTECTION (to be completed by Student)

If you are **under 16 now**, please enter your **date of birth** or if you are aged **16 or over now**, please enter the following statement **'I am aged 16 or over'** in the space provided.

If you will be **18 or over** at the time of your placement please enter the following statement **'I will be 18 or over at the time of the requested placement'** in the space provided.

The above will ensure that we are complying with all relevant legislation.

**Work Experience Application Form
(to be completed by Student)**

Name: _____

Please use the below space to tell us about yourself. Explain why you have chosen the Northern Ireland Civil Service for your period of work experience and how it relates to your plans for the future.

Remember your chances of being accepted are reliant on the details you give us here, so try and give as much information as possible within the given space!

Which department/area would you like to carry out your work experience in?

Please indicate 3 locations you would be prepared to travel to?
(Please note: below is a guide only we cannot guarantee placement in chosen areas)

**Antrim / Armagh / Ballymena / Belfast / Coleraine / Cookstown / Craigavon / Downpatrick /
Dungannon / Enniskillen / Larne / Londonderry / Newry / Newtownards / Omagh**

Other (please specify) _____

Student signature _____ **Date** _____

We will email you confirming whether your application has been successful. We would advise all students to have at least one reserve placement in the event that we cannot provide a placement.

Please Note: This application does not guarantee you a placement.

INDEMNITY FORM – WORK EXPERIENCE SCHEME

In consideration of

_____*

(hereinafter referred to as “the Employer”)

agreeing to participate in a work experience scheme arranged by

_____**

(hereinafter referred to as “the School”)

And agreeing to provide, at the times and for the period set out in the attached Schedule, facilities (including any protective clothing or equipment which may become necessary) and supervision for

_____***

(hereinafter referred to as “the Student”)

And agreeing to comply with all relevant health and safety legislation;

The School will indemnify the Employer against:

1. legal liability for the Employer to Pay damages, including claimant’s costs and expenses, in respect of death, bodily injury or disease suffered by the Student and arising from any act or omission of the Student whilst attending for work experience with the Employer; and
2. legal liability of the Employer to pay damages, including claimant’s costs and expenses, in respect of death bodily injury or disease of any person if such death, bodily injury or disease is caused by the Student whilst attending for work experience with the Employer; and
3. legal liability of the Employer to pay damages, including claimant’s costs and expenses, in respect of loss of, or damage to, property arising from any act or omission of the Student whilst attending for work experience with the Employer; and
4. any claims costs or expenses arising out of death, bodily injury or disease, or damage to property, where such claims costs or expenses arise from the negligence of the School.

It is a condition of this indemnity that the Student will not be permitted to drive, manage, control or move mechanically-propelled vehicles of any description, and indemnity will not be provided in any cases that arise from a breach of this condition.

Signed for the School: _____ (signature _____)(date)
 _____ (name of signatory, printed)

Signed for the Employer: _____ (signature) _____(date)
 _____ (name of signatory, printed)

* name of NICS Department or Agency
 ** name of school/college
 *** name of pupil or student

THIS FORM MUST BE COMPLETED BEFORE PLACEMENT CAN BE ORGANISED