

Work Experience Placement Scheme for People with Disabilities

Guidance for completion of the form:

Section 1 – Organisation details - should be completed by a recognised disability organisation on behalf of the interested individual; the organisation must be willing to provide the name of an Employment Officer who can provide appropriate support, guidance and assistance throughout the placement.

Section 2 – Candidate details and **Section 3 – Placement requirements** should be completed by the organisation in conjunction with the individual applicant.

Section 4 – Indemnity Insurance – should be completed and signed by a representative from the disability organisation (if possible) and if a placement is agreed, also by a representative from the host department.

Further Information

Further information is available in the Work Experience Policy and Guidance for Users document available on the NICS Recruitment website www.nicsrecruitment.org.uk under work experience in the 'Quick Links' Section.

Queries can be emailed for the attention of Karen Wallace to resourcingchr@finance-ni.gov.uk

Please complete and return to:

NICS HR - Vacancy Management Policy
Orchard House
40 Foyle Street
Londonderry
BT48 6AT or

By email to: - resourcingchr@finance-ni.gov.uk

NICSHR are committed to protecting your privacy. The NICSHR Privacy Notice is available in the 'Quick Links'

APPLICATION FORM

WORK EXPERIENCE PLACEMENT SCHEME FOR PEOPLE WITH DISABILITIES

SECTION 1: SPONSOR ORGANISATION DETAILS

Organisation Name			
Address			
Employment Officer			
Telephone Number		Email	

SECTION 2: CANDIDATE DETAILS

Name		Date of Birth	
Emergency contact Name		Telephone Number	
Relationship to Candidate			

SECTION 3: PLACEMENT REQUIREMENTS

Please provide as much information as possible to aid departments in sourcing a suitable work placement

Preferred Job Role			
Preferred Location(s)			
Proposed Attendance Pattern		Proposed Duration	
Existing Experience / skills		Desired experience / skills	
Examples of suitable work activities for candidate on placement			
Type of placement most suitable to the individual	<input type="checkbox"/> Independent working with supervision <input type="checkbox"/> Other (please specify below) <input type="checkbox"/> Work Shadowing only <div style="border: 1px solid black; width: 200px; height: 20px; margin-top: 5px;"></div> <input type="checkbox"/> 'Buddy' System		
Support / Adjustments required		Support / adjustments which can be provided by organisation	
Any other relevant information			

SECTION 4: DECLARATION OF ASSIGNED EMPLOYMENT OFFICER

- I have the consent of this candidate to apply for this work placement on their behalf and, if required to provide a copy of their AccessNI certificate.

Signature		Date	
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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 Organisation”)

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 Applicant”)

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

The Organisation 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 Applicant and arising from any act or omission of the Applicant 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 Applicant 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 Applicant 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 Organisation.

It is a condition of this indemnity that the Applicant 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 Organisation: _____ (signature) _____ (date)

_____ (name of signatory, printed)

Signed for the Employer: _____ (signature) _____ (date)

_____ (name of signatory, printed)

* name of NICS Department or Agency

** name of Organisation

*** name of Applicant