

## Work Experience Application Form

**Please complete and return to:** NICSHR, Orchard House, 40 Foyle Street,  
Londonderry, BT48 6AT or by email to: [resourcingchr@finance-ni.gov.uk](mailto:resourcingchr@finance-ni.gov.uk)

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

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### PERSONAL DETAILS (to be completed by Applicant)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Proposed dates of Placement \_\_\_\_\_

E-mail address \_\_\_\_\_

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, this will not affect your chances to secure a placement, but you may be asked to consent to provide further information)*

Special Requirements (If any) \_\_\_\_\_

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### EMERGENCY CONTACT DETAILS (to be completed by Applicant)

Please enter details of next of kin who can be contacted in case of emergency.

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Mobile/Telephone number \_\_\_\_\_

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### SCHOOL/ORGANISATION CONTACT DETAILS (if applicable)

School/ Organisation \_\_\_\_\_

Careers contact name \_\_\_\_\_

School / College Address \_\_\_\_\_

Telephone number \_\_\_\_\_ Email \_\_\_\_\_

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### TO BE COMPLETED BY SCHOOL/ORGANISATION CONTACT (if applicable)

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 \_\_\_\_\_

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### CHILD PROTECTION (to be completed by Applicant)

-If you are under 16, please enter **your date of birth** in the space provided below. This will ensure that we are complying with the Child Protection, Data Protection and relevant NICS policies and legislation.

-If you are aged 16 or over, please enter the following statement '**I am aged 16 or over**' in the space provided. -  
If you are aged 18 or over, please enter the following statement '**I am aged 18 or over**' in the space provided.

## Work Experience Application Form (To be completed by Applicant)

**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?

Has your placement been pre-arranged with the Department?

Yes  No  If yes, who is the contact? \_\_\_\_\_

If no, 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)** \_\_\_\_\_

**Applicant 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 (IF APPLICABLE)**

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