

NORTHERN IRELAND CIVIL SERVICE

WORK EXPERIENCE APPLICATION FORM

Before completing this form, you should read the [NICS Work Experience Policy & User Guide](#).

Instructions on completing this form: The applicant should complete sections 1, 2, 3, 4 & 5 of this form.

Applicants applying through a school, college, university or other programme should have section 6 completed by that organisation's nominated contact.

The completed form should be returned to the [NICS Work Experience Scheme](#).

NI Civil Service People & Organisational Development directorate coordinates all unpaid work experience opportunities for all NICS departments



NI Civil Service People & Organisational Development directorate is committed to protecting your privacy. Please see the [Privacy Notice](#) for details.

SECTION 1 – PERSONAL DETAILS (to be completed by applicant)

Name:	
Date of Birth:	
Email Address:	
Proposed Dates of Placement:	
From:	To:
Do you have a health condition that your work experience placement supervisor needs to know of?	
Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
<i>(Answering yes will not affect your chances of securing a placement, however you may be asked to provide further information)</i>	

Special Requirements (if any):

SECTION 2 – 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:

SECTION 3 – SCHOOL / ORGANISATION DETAILS (if applicable)

School / Organisation:	
Careers Contact Name:	
School / College Address:	
Telephone Number:	
Email Address:	

SECTION 4 – 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 below.

If you are aged 18 or over: Please enter the following statement “*I am aged 18 or over*” in the space provided below.

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SECTION 5 – WORK EXPERIENCE APPLICATION (to be completed by applicant)

Name:	
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Please tell us about yourself in no more than 250 words. 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!)

A large, empty rectangular box with a thin black border, occupying most of the page. This is likely a designated area for providing a resume, cover letter, or other supporting documents for the application.

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

Has your placement been pre-arranged with a Department?

Yes: No:

If yes, please enter the name and email address of your departmental contact below:

Departmental Contact Name:

Departmental Contact Email Address:

If no, please indicate 3 locations you are prepared to travel to?

(Note: the list below is a guide only, we cannot guarantee placements in any area)

- | | | |
|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Antrim | <input type="checkbox"/> Armagh | <input type="checkbox"/> Ballymena |
| <input type="checkbox"/> Belfast | <input type="checkbox"/> Coleraine | <input type="checkbox"/> Cookstown |
| <input type="checkbox"/> Craigavon | <input type="checkbox"/> Downpatrick | <input type="checkbox"/> Dungannon |
| <input type="checkbox"/> Enniskillen | <input type="checkbox"/> Larne | <input type="checkbox"/> Derry-Londonderry |
| <input type="checkbox"/> Newry | <input type="checkbox"/> Newtownards | <input type="checkbox"/> Omagh |

Other (Please specify) :

If applicable, you should have your school / university / organisations nominated contact fill in section 6 (below). The completed form should be returned to the [NICS Work Experience Scheme mailbox](#).

We will email you confirming whether your application has been successful.



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

SECTION 6 – TO BE COMPLETED BY THE SCHOOL / UNIVERSITY / ORGANISATION CONTACT (if applicable)

Your Name:

School / University / Organisation:

Date:

- As the nominated contact for the school / university / organisation above, by checking this box I confirm that my school / university / organisation endorses this application for this period of work experience in the NICS.**

INDEMNITY FORM WORK EXPERIENCE SCHEME (IF APPLICABLE)



Where indemnity is not available for an individual seeking an unpaid work placement the Department will assess the risk of personal injury, damage to property or other loss in light of the nature and location of the work. Where such risk is insignificant an application for an unpaid work placement may be accepted. An individual accepted for a work placement should be supervised and any risks should be managed in the same way as with staff.

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: _____ **Date:** _____

(Name of Signatory, Printed) _____

Signed for the Employer: _____ **Date:** _____

(Name of Signatory, Printed) _____

- * Name of NICS Department or Agency
- ** Name of Organisation
- *** Name of Applicant