



## Work Placement Programme Provider Application Form

**Please note that incomplete or incorrectly filled forms will be returned to you for completion. Please complete a separate form for each work placement.**

### PART A

<b>Terms &amp; Conditions:</b> I have read the General guidelines for completion of Work Placement Programme provider applications <input type="checkbox"/>	
<b>Name of Business*:</b>	
<b>Address of Business*:</b>	
<b>Business Type (Please Tick):</b> Private <input type="checkbox"/> Community <input type="checkbox"/> Voluntary <input type="checkbox"/> Civil Service <input type="checkbox"/> Commercial Semi State <input type="checkbox"/> Non-Commercial Semi State <input type="checkbox"/>	
If one of the following Public Sector Bodies Please Tick <b>HSE <input type="checkbox"/>    Education Sector <input type="checkbox"/>    County Council <input type="checkbox"/></b> Public Sector Bodies should refer to the guidelines for more information	
<b>Description of the Business*:</b>	
<b>Name of Contact Person*:</b>	<b>Telephone Number*:</b>
<b>Title/Position in Business*:</b>	<b>Fax Number:</b>
	<b>Email Address*:</b>
<b>Preferred Methods for Candidates to Apply *:</b>	
<b>Employers Registered Number*:</b>	<b>Number of Full Time Employees*:</b>
	<b>Number of Part Time Employees*:</b>
<b>Number of placements offered*:</b>	<b>Hours per week offered*:</b>
	<b>Duration of Placement (Min 2 months- Max 9 months)</b>
<b>Location of Placement: (if different from above):</b>	

\* See Guidelines for Completing Application Form for further information on how to complete this form.

## **PART B**

**Work Placement Title\*:**

Maximum 200 Characters (Indicate the name of the department and the occupational activity which best describes the experience to be given)

**Area of activity in which placement is offered\*:**

**Will Garda Vetting be required?\*** Yes  No

*If Yes, this requirement will be mentioned in the advertised placement*

Maximum 600 Characters (List the activities and the skills areas in which participants will gain experience)

**Participants will gain experience in\*:**

Maximum 200 Characters (Describe the profile of candidate who would most benefit from the placement you are offering)

**Person specification\*:**

**Please indicate which stream of the Work Placement Programme you would like to express your interest in:**

**Work Placement Programme 1 (WPP1 Graduates)**

Graduates who have attained a full award at level 7 or above on the National Framework of Qualifications

*Specify qualification required for WPP1 Graduate:*

**or**

**Work Placement Programme 2 (WPP2)**

All other persons who do not possess a full award at level 7 or above on the National Framework of Qualifications

**NB: If providing a WPP1 and WPP2 placement, please complete a separate application form for each stream**

## **PART C**

### **Declaration of Intent**

#### **Work Placement Programme**

I/We wish to register \_\_\_\_\_ (**name of business/public sector body**) interest in becoming a provider under the Work Placement Programme and I/we confirm as follows:

- |  | <b>Please Tick</b>       |
|--|--------------------------|
| <b>a)</b> The business/public sector body currently has no vacancies in the area of activity in which the placement is offered   | <input type="checkbox"/> |
| <b>b)</b> The placement will not be provided to displace an existing employee  | <input type="checkbox"/> |
| <b>c)</b> i) The business/public sector body has not made any person redundant in the last three months  | <input type="checkbox"/> |
| <i>Or</i>  |                          |
| ii) There have been redundancies in the last three months but there has been no direct displacement of an employee, and the level of redundancies in the last three months is less than 5% of the workforce. | <input type="checkbox"/> |
| <b>d)</b> The business/public sector body's Public/Employers Liability insurance and Motor Insurance, if applicable, will cover any participants on this programme   | <input type="checkbox"/> |
| <b>e)</b> The business/public sector body is fully compliant with current workplace health and safety and all other legal requirements   | <input type="checkbox"/> |
| <b>f)</b> The business/public sector body is a legal entity  | <input type="checkbox"/> |
| <b>g)</b> If Garda Vetting applies to this placement, the business/public sector body will ensure that the vetting process is applied  | <input type="checkbox"/> |

\_\_\_\_\_  
**Print Name on Behalf of Business/public sector body**

\_\_\_\_\_  
**Position in Business/public sector body**

\_\_\_\_\_  
**Date**

**For FÁS Use Only: FÁS Ref:**

**Source LES**

**Source CS**



### Provider Insurance Details

Name of Insured:
Address of the Insured:
Business Description:
Name of Broker (if applicable):

### Details of Employers & Public Liability Policies

Name of Insurer:
Employer & Public Liability Policy Number:
Employer Liability limits of Indemnity:
Public Liability limits of Indemnity:
Period of Cover:

### Details of Motor Insurance Policy (if applicable)

Name of Insurer:
Motor Insurance Policy Number:
Period of Cover:

Name: \_\_\_\_\_

on behalf of the Business/Public Sector Body \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

For further information please contact:

FÁS National Contact Centre Freephone 1800 611 116 or [www.fas.ie](http://www.fas.ie)

e-mail [wppapp@fas.ie](mailto:wppapp@fas.ie)