

## INDEMNITY FORM – WORK EXPERIENCE SCHEME

In consideration of

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(hereinafter referred to as the “ Placement Provider”)

agreeing to participate in a work experience scheme arranged by

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(hereinafter referred to as the “ University”)

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

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(hereinafter referred to as “The Student”)

and agreeing to comply with all relevant Health & Safety legislation;

the University will indemnify the Placement Provider against:

1. Legal liability of the Placement Provider to pay damages, including claimant’s costs and expenses, in respect of death, bodily injury or disease suffered by the Student and caused by any event occurring whilst the Student was attending for work experience with the Placement Provider.
2. Legal liability of the Placement Provider 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 Placement Provider, and
3. Legal liability of the Placement Provider 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 Placement Provider, and
4. Any claims, costs or expenses rising out of death, bodily injury or disease, or damage to property, where such claims, costs or expenses arise from the negligence of the University.

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.

This Indemnity Form supersedes any previous forms signed in respect of this placement.

## FORM OF INDEMNITY

### Acceptance of Indemnity

*Please tick the paragraph below that is applicable to your organisation:*

- ☐ I confirm that I/We have Employers and Public Liability Insurance (minimum £5 Million) and am/are satisfied with the indemnity detailed above and in return for receiving an indemnity from the University of Ulster agree to fully co-operate with them in defending any claim that is brought against me/us by the above named student.
- ☐ I confirm that although we do not have Employers and Public Liability Insurance we are a self-insured public body. We are satisfied with the indemnity detailed above and in return for receiving an indemnity from the University of Ulster agree to fully co-operate with them in defending any claim that is brought against me/us by the above named student.

Signed.....  
[For and on behalf of Placement Organisation]

Date.....

Name (Capitals) .....

Signed.....  
[For and on behalf of University of Ulster]

Date.....

Name (Capitals).....