





Creative Sector Intern Programme 2024

Name of Applicant Organisation	
Contact Details	
Address*	
Street Address	
Street Address Line 2	
City	County
Postal Code	Ireland
Website	
Contact Name*	
First	Last
Email*	
Phone number*	
### ### ####	

Organisation Details

. What does your organisation do)? <mark>*</mark>
. Does your organisation provide 〈 Clear choice	a year-round service or programme?*
○ Yes	o no
. How many staff with established 0 hrs/week) does the organisation	d professional experience in the sector (working min n employ?*
. Does your organisation have the lealth & Safety and the payment of the control	e capacity to manage the intern's employment (inc. of tax and employer's PRSI?)
○ Yes	○ No
he relevant project(s) they would	e you envisage for the intern and the structure of be working on.* nd what are their roles, who is managing the project?)
. Please give details of the tasks e	expected of the intern within the project(s).*
 Which member of staff will be a ole within the organisation (indica elevant and beneficial to the inter- ment of the interest. 	appointed as a mentor to the intern and what is their ating how their skills and experience would be ern)?*
) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
. what qualifications, skills and e	experience do you require the intern to have?*

Privacy Policy* I have read, understood, and accepted the Council's privacy policy. Keeping in touch* Please keep me informed about future Arts Office news and opportunities. I only wish to be contacted in relation to this project.

Terms and Conditions