

Please attach recent photograph here

Form S41a		Date	06/2014	SUPPORT POSITION	Job Reference	
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Application for Support Position with FELLINGATE CARE CENTRE LTD

Name of Home applying to (TICK all which apply):	Fellingate Care Centre	Byker Hall Care Home	Wardleygate Care Centre (opening Jan 2015)

Post for which applying; (please TICK)	Housekeeper	Domestic Assistant	Laundry Assistant	Handyman/ Gardener
	Cook	Assistant Cook	Kitchen Assistant	Activities Organiser

TICK which apply:	Full Time	Part Time	Permanent	Bank	Date of Application

Your application can only be considered if this application form is completed in full

Title	Surname	Forenames	
Address		Date of Birth	
Postcode		NI number	
Telephone Home	Telephone work	Mobile	e-mail address

Details of any other employment that you intend to continue if appointed to this position. If NONE state "NONE"

Do you hold a full clean driving licence?	YES/NO	Do you have your own transport?	YES/NO
Details of any endorsements			

Since this position involves care of vulnerable adults any appointment will be subject to the following

1. Your written consent to our obtaining enhanced disclosure certificate from the Criminal Records Bureau or an approved umbrella body.
2. Such disclosure being acceptable to the company.
3. Proof of Identity, birth or marriage certificate (where appropriate) and passport if you hold one.
4. Two satisfactory written references
5. That you will supply a photograph of yourself for retention on your staff record
6. Evidence of physical and mental suitability for your work.
7. Verification of Qualifications and Registrations

By signing and submitting this application form to us you are indicating that you consent to this.

Employment History :Please complete in full starting with your present or most recent employment. Give details of and reasons for any gaps in employment. Continue on a separate sheet of paper if necessary.

From		To		Job Title	
Name and Address of employer				Main Duties	
From		To		Job Title	
Name and Address of employer				Main Duties	
From		To		Job Title	
Name and Address of employer				Main Duties	
From		To		Job Title	
Name and Address of employer				Main Duties	
From		To		Job Title	
Name and Address of employer				Main Duties	
From		To		Job Title	
Name and Address of employer				Main Duties	
IT IS A REQUIREMENT OF THIS COMPANY THAT YOU LIST DATES OF GAPS IN EMPLOYMENT (<u>since leaving full time education</u>)				REASON	
1.				1.	
2.				2.	
3.				3.	
4.				4.	

CONTINUE ON A SEPARATE SHEET IF NECESSARY

Other relevant experience

If you have previously worked with vulnerable adults or children, please state why this employment ended.

Membership of Occupational or professional Organisations, Voluntary Organisations

School/College attended	From	To	Qualifications Gained

Other Training and Qualifications relevant to this position	Date Achieved

You do not have to answer the following six questions but if you can it will help us to decide upon your suitability for employment with us.

What are your main reasons for seeking this position at this time?

To date what do you consider as the most important successes in your career and why?

To date, what do you consider your most disappointing or least satisfying work experience to be and why?

If appointed what do you consider will be the biggest challenges facing you?

Which of your personal qualities and skills do you consider will be most important in helping you to make a success in this position if appointed?

Other Interests and activities

Please answer all of the questions from here to the end of the application form

Names of two referees who can provide information on your competence and suitability to work in a care home of this type. One referee must have employed you during the last 3 months , (If this is not possible please explain why). Referees must be professional referees if possible . Referees MUST NOT be relatives.		
Name	1	2
Position		
Organisation		
Address		
Postcode		
Telephone		
Capacity in which this person has known you		
	May we approach this referee prior to interview? YES/NO	May we approach this referee prior to interview YES/NO

Criminal Records Bureau Disclosure Information

As *Fellingate Care Centre Ltd* meets the requirements in respect of exempted questions under the Rehabilitation of Offenders Act 1974, all applicants who are offered employment will be subject to a criminal records check from the Criminal Records Bureau before the appointment is confirmed. This will include details of cautions, reprimands or final warnings as well as convictions.

The post for which you are applying will be subject to an Enhanced Disclosure from the Criminal Records Bureau. You should give full details below of all matters including convictions, "spent convictions", cautions, reprimands and final warnings. You should also include details of any relevant non conviction information including police enquiries and pending prosecutions of which you are aware. Giving this information gives you the opportunity to discuss these matters openly with us and gives us the opportunity to give your application full and fair consideration.

Having a criminal record will not necessarily bar any suitable, appropriately qualified person from working with us. This will depend on the nature of the position and the date, circumstances and background of any offences. These checks are necessary because Fellingate Care Centre Ltd is responsible for providing personal care for vulnerable people.

Fellingate Care Centre Ltd will abide by the Criminal Record Bureau Code of Practice in dealing with disclosures. Any information including any Disclosure information from the Criminal records Bureau will be strictly confidential and will be considered only in relation to your application.

Have you ever been convicted, cautioned, reprimanded or been given a final warning by the police and to the best of your knowledge do you have any prosecution pending? YES/NO
If yes give full details below.

NOTE: If it comes to light that you have failed to disclose any relevant information, Fellingate Care Centre Ltd will take this failure to disclose into account, when deciding whether to offer a post.

Skills and Experience Self Assessment

Please indicate what you consider your level of skill and experience in each of the following

Tick 4= Very high, 3=High, 2= Medium, 1=Low, 0=None

Area of Skill / Experience : All support posts	4	3	2	1	0
Working in a care home					
Control of Substances hazardous to health (COSHH)					
Health and Safety					
Working on mostly on your own initiative					
Working as a member of a team					
Staff supervision					
Using a computer and word processing					
Handyman/Gardener Only: Maintenance and repairs to the following					
Brickwork					
Joinery and ironmongery					
Plastering					
Plumbing					
Minor Electrical					
Roofing repairs					
Painting external					
Electrical					
General cleaning, window cleaning and tidying up					
Driving					
Gardening					
Carrying out routine safety and maintenance checks					
Laundry staff only					
Laundry in a care home					
Other laundry experience					
Dealing with laundry wet or soiled through incontinence					
Ensuring laundry is sorted and returned to the right person					
Ironing					
Sewing and small repairs to clothing					
Housekeeping staff only					
Housekeeping/domestic work in a care home					
Working in home care service					
Ensuring housekeeping duties are done at the resident's convenience					
Control of stocks of cleaning materials etc					
Dealing with spillages and waste which may be hazardous or pose a risk of infection					
Planning cleaning schedules and rotas					
Cooks and Kitchen staff only					
Cooking in a care home					
Maintaining stocks and ordering supplies					
Managing a kitchen and catering service					
Planning and carrying out cleaning schedules to ensure cleanliness of kitchen					
Ensuring safe food handling, preparation and storage					
Planning balanced, nutritional menus					
Working with residents to plan suitable menus					
Catering for people with special dietary needs or preferences					
Recording meals provided					
Helping in the kitchen in a care home					
List any other skills/experience which you consider relevant					

Health Details

Within our Care Homes we are committed to providing both smoking and non smoking areas for residents according to their choice. All applicants therefore should be aware that on occasions they will need to work in some part of the home in which smoking is allowed.

By signing the Health declaration below the applicant applying for the post considers them-self both physically and mentally able to carry out the full range of duties. We are an equal opportunities employer and will only consider disabilities in so far as they could affect the applicant's ability to carry out the full range of duties of the position effectively.

Do you have any conditions or disabilities, which may be relevant to this application? YES/NO

Details of any disabilities

Is there anything that we could do as an employer to assist you with this disability?

Are you registered disabled? YES/NO

RDP Number

If the answer to any of the following questions is "YES" please give full details of date, duration and outcome of the illness or condition. If we have any concerns about your fitness for work, employment will be subject to satisfactory medical reports.

Have you ever had	Delete as applicable	Additional information to YES response
Tuberculosis, asthma, bronchitis or chest problems?	YES / NO	
Chest pain, heart condition or raised blood pressure?	YES / NO	
Blackouts, fits or attacks of giddiness?	YES / NO	
Depression, mental illness or nervous breakdown?	YES / NO	
Rheumatism or Arthritis?	YES / NO	
Back Trouble?	YES / NO	
Typhoid, paratyphoid or other gland trouble?	YES / NO	
Digestive or bowel diseases?	YES / NO	
Diabetes, thyroid or other gland trouble?	YES / NO	
Bladder or Kidney trouble?	YES / NO	
Dermatitis or Skin Trouble?	YES / NO	
Any other accident , operation or illness?	YES / NO	
Have you any reason to believe you may be infected with any communicable disease?	YES / NO	
Any other current or recent medical condition or treatment which may affect your attendance or performance at work?	YES / NO	
Do you intend to work night duties on a regular basis	YES / NO	
Any illness or medical condition that prevented you from attending work on your normal duties or activities for more than one week during the past year?	YES / NO	
Any physical impairments, including defects of sight or hearing? If "YES" please specify any special needs in relation to your disability.	YES / NO	
Do you smoke?	YES / NO	
How many units of alcohol do you drink in a week	YES / NO	
Have you ever had treatment for any condition relating to the abuse or misuse of drugs or alcohol?	YES / NO	

Any other relevant health information

Any other information that you wish to give in support of your application. If you wish to submit any supporting documents please attach them to your application

Declaration

Please read carefully before signing and submitting this application.

I confirm that the above information is complete and correct and that any untrue information will give FELLINGATE CARE CENTRE LTD the right to terminate any employment contract offered.

I agree that FELLINGATE CARE CENTRE LTD reserves the right to require me to undergo a medical examination.

Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor.

I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data protection Act.

I understand and agree that any offer of this post will be subject to ;

1. A satisfactory Enhanced Disclosure Check from the Criminal Records Bureau.
2. A satisfactory outcome to enquiries including references, identity checks and verification of qualifications

And

I consent to FELLINGATE CARE CENTRE LTD Limited making all of the necessary enquiries.

If offered a post I shall be available to start work on	Date
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Signed	Date
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Please return to person dealing with this appointment

**Gemma Ranft
Fellingate Care Centre Ltd
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Sunderland Road
Felling
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NE10 0BD**

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