

Please attach recent photograph here

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|-----------|------|--|------|---------|---------------|--|
| Form S39a | CARE | | Date | 06/2014 | Job Reference | |
|-----------|------|--|------|---------|---------------|--|

Application for Care 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 (TICK): | Care Assistant | Senior Care Assistant | Date of Application |
| | | | |

| | | | | | | | |
|-------------------|------|--------|------|-----------|-----------|------|------|
| TICK which apply: | Days | Nights | Both | Full Time | Part Time | Perm | Bank |
| | | | | | | | |

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

| | | | |
|----------------|----------------|---------------|----------------|
| Title | Surname | Forenames | |
| Address | | Date of Birth | |
| | | NI number | |
| Postcode | | | |
| 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 an enhanced disclosure certificate from the Disclosure & Barring Service 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 ALL DATES OF GAPS IN EMPLOYMENT (since leaving full time education) | | | REASON | | |
| 1. | | | 1. | | |
| 2. | | | 2. | | |
| 3. | | | 3. | | |
| 4. | | | 4. | | |

CONTINUE ON A SEPARATE SHEET IF NECESSARY

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

Other relevant experience including voluntary work or caring for family members etc

Membership of Professional Organisations/Associations, 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 your 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 |

Disclosure & Barring Service 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 DBS check from the Disclosure & Barring Service 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 Enhanced Disclosure from the Disclosure & Barring Service. 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 Disclosure & Barring Service Code of Practice in dealing with disclosures. Any information including any Disclosure information from the Disclosure & Barring Service will be strictly confidential and will be considered only in relation to your application.

| |
|--|
| <p>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</p> <p>If yes give full details below.</p> |
|--|

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

Skills and Experience Self Assessment

The following questions are intended to help you tell us about your experience at work and in life generally. Do not worry if you have no previous experience of working in care just answer the questions in part 2 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

| PART 1 If you have worked in care before please answer ALL questions in PARTS 1 and 2 | 4 | 3 | 2 | 1 | 0 |
|--|----------|----------|----------|----------|----------|
| Working as a senior carer | | | | | |
| Caring in a home for older people | | | | | |
| Caring in a home for older people with mental infirmity | | | | | |
| Caring in another type of home | | | | | |
| Caring in another type of service like home care | | | | | |
| Assessing the needs of residents | | | | | |
| Writing care plans | | | | | |
| Keeping daily records | | | | | |
| Taking part in reviews | | | | | |
| Being a key worker to a resident | | | | | |
| Helping with activities and outings for residents | | | | | |
| Helping residents to stay in touch with loved ones | | | | | |
| Helping residents to look after their clothes and other possessions | | | | | |
| Helping residents with personal hygiene, bathing and using the toilet | | | | | |
| Admitting residents to a home | | | | | |
| Discharge of residents from a home | | | | | |
| Dealing with residents money, clothes and other possessions | | | | | |
| Caring for residents who are ill | | | | | |
| Caring for residents who have physical disabilities | | | | | |
| Caring for residents who are mentally infirm | | | | | |
| Caring for residents who are sight impaired | | | | | |
| Caring for residents who are hearing impaired | | | | | |
| Caring for residents with n communication difficulties | | | | | |
| Caring for a resident who was dying | | | | | |
| Working directly with families and representatives of service users | | | | | |
| Working directly with social services staff | | | | | |
| Working with doctors, nurses and other health workers | | | | | |
| PART 2 If you have not worked in a care home please answer the following questions | | | | | |
| Handling money and accounts | | | | | |
| Working on mostly on your own initiative | | | | | |
| Working as a member of a team | | | | | |
| Supervising other staff | | | | | |
| Carrying out a quality audit system | | | | | |
| Following Policies and Procedures in any workplace | | | | | |
| Keeping adequate written records in any workplace | | | | | |
| Using a computer and word processing at home or at work | | | | | |
| Caring as a volunteer | | | | | |
| Caring for a family member | | | | | |
| Spending time with older people | | | | | |
| 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 mentally and physically 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 as an employer that we could do 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 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 Disclosure & Barring Service.
2. A satisfactory outcome to enquiries including references, identity checks and verification of qualifications

And;

I consent to Fellingate Care Centre Ltd making all of the necessary enquiries.

| | |
|---|------|
| If offered a post I shall be available to start work on | Date |
|---|------|

| | |
|--------|------|
| Signed | Date |
|--------|------|

Please return to person dealing with this appointment:

Gemma Ranft, Director of Care
 Fellingate Care Centre
 1 Fox Street
 Sunderland Road
 Felling
 Gateshead
 NE10 0BD

Email: gemma@enhancedcare.co.uk/ lena@enhancedcare.co.uk

Telephone: 0191 4383107