

Please attach recent photograph here

Form S49	Nurse		Date	06/2014	Job Reference	
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Application for Nursing 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)

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
NMC PIN No:			

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 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		
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 (since leaving full time education)			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 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 as your most disappointing or least satisfying work experience 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 manage 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 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 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.

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 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 experience³ 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
Nursing in a home for older people					
Nursing in a home for older people with mental infirmity					
Nursing in another type of home					
Nursing 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 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 management 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 impairment, 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 Limited 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 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
 Director of Care
 Fellingate Care Centre
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 Sunderland Road
 Gateshead
 NE10 0BD**

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