**DUFFRYN FFRWD MANOR**

**Nursing & Residential Homes**



**JOB APPLICATION FORM**

**Please return your completed form to:**

**Duffryn Ffrwd Manor**

**Nursing & Residential Care Homes**

**Old Nantgarw Road**

**Nantgarw**

**Cardiff. CF15 7TE**

**Or**

**Email:**

[**hr@dfmcarehome.co.uk**](mailto:hr@dfmcarehome.co.uk)

**Please note, incomplete Application Forms will not be considered.**

**JOB APPLICATION FORM**

**Please give all requested information so that a full evaluation can be made of your application. Details will be treated with the strictest confidence.**

|  |
| --- |
| Application for the post of: |
| Would you consider a bank contract: |
| Would you consider multi-skilled work (i.e. carer, cleaner & kitchen): |

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| Title Ms / Mrs / Miss / Mr | National Insurance No. |
| Name in Full: |  |

|  |  |
| --- | --- |
| Maiden Name: | Date of Birth:  Town of Birth: |
| Present Address:  Post Code:  Telephone Number:  Month & year moved into current address:  Month …………………………. Year ……………….. | Permanent address if different:  Post Code:  Telephone Number:  Email address: |

**EMPLOYMENT DETAILS**

|  |  |
| --- | --- |
| Present or most recent employer:  Date From:  Date To: | Position Held:  Reason for leaving (only applies if employed  Within the care sector) |

As from April 2002 employment legislation within the care sector has changed, there are to be no gaps in employment history. You **must** supply all details of employment from the date of School leaving, if any gaps have occurred, i.e. you were unemployed, sick etc. you **must** enter the dates and reason for unemployment. If you have previously worked with children or vulnerable adults you **must** detail your reason for leaving that post.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name & Address of previous employer:** | **Date From:** | **Date To:** | **Reason for termination (Only applies if employment within the care sector)** |
|  |  |  |  |
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Please continue on a separate sheet if necessary.

Signed ……………………………………………………………………….. Date ………………………………………………………

**REFERENCES**

Give two names with addresses (including post codes) and telephone numbers.

Please note, that one of your references **must be your most recent employer** (not a relative). If possible, also supply their email address and / or fax number.

|  |  |
| --- | --- |
| 1.  Telephone No.  Fax No.  Email: | 2.  Telephone No.  Fax No.  Email: |

**PRE-EMPLOYMENT HEALTH CHECKS**

Under the Care Standards Act Section 19 paragraph (2c) it states that any member of staff must be physically and mentally fit for the purposes of work he or she is to perform.

Therefore, under the Equality Act, because of the fitness requirements of the post, we are able to ask the following Pre-Employment Health Check questions:

Do you or have you ever suffered with any physical problems? Yes / No

Do you or have you ever suffered with any mental problems: Yes / No

If yes, please give full details of any problems (including any medication).

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If offered a post at Duffryn Ffrwd Manor a further Health Check Questionnaire will be issued to you for completion. An offer of employment will be conditional on receipt of a completed Health Check

Questionnaire.

Signed …………………………………………………………………… Date ………………………………………………….

**QUALIFICATIONS**

|  |  |
| --- | --- |
| Please give details of qualifications attained | Year |
|  |  |

|  |  |  |
| --- | --- | --- |
| To be completed by qualified Nurses only:  Name & Address of Training School | Dates of Training: | NMC  UKCC Pin No.  **Expires:** |

|  |
| --- |
| State why you are interested in this post and what qualities you have to offer: |

|  |
| --- |
| State all your hobbies and interests: |

|  |
| --- |
| State how these interests may be of use to you in this profession**:** |

|  |
| --- |
| **Rehabilitation of Offenders Act 1974**  Due to the nature of the work and the environment you are applying to work within, the post is exempt from the provisions of the Rehabilitation of Offenders Act 1974 (under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975). If you are selected for an interview you will be required to complete a Declaration of Criminal Record Form.  You will be asked if the Courts have ever convicted you or you have been cautioned, reprimanded or given a final working by the Police. You will also be asked if you are aware of any Police enquiries undertaken following allegations made against you.  Having a criminal record will not necessarily bar a person from working at Duffryn Ffrwd Manor, it will depend on the circumstances and background of any offence.  A copy of our Policy on the Recruitment of Ex-Offenders and Equality Opportunity Policy is available on request. |

An Enhanced Criminal Records Bureau Disclosure is required for all employees of Duffryn Ffrwd Manor. Enhanced Disclosures contain details of both spent and unspent convictions, including cautions, reprimands and final warnings held on the Police National Computer. They must also include non-conviction information from local Police records. A check is also made against Government Departments of those who are banned from or restricted in working with children and vulnerable adults.

**DECLARATION**

**I understand that an Enhanced CRB Disclosure is required for this post and that any offer of employment is provisional until such time as the CRB check is complete. I understand that any information gathered is strictly confidential and can only be viewed by the appointed persons and Management in order to make a final decision and confirm the offer of employment.**

**I understand that following any offer of employment Duffryn Ffrwd Manor will apply for an Enhanced CRB check through the Umbrella Body, Disclosure Services, and that the fee of £46.60 for the Enhanced Disclosure and £7.20 for the ISA first will be paid by Duffryn Ffrwd Manor on my behalf, and these fees will be deducted from my final wage should either myself or Duffryn Ffrwd Manor terminate my employment. If an Enhanced CRB check is made on my behalf and I am not employed (for whatever reason), I understand that I am liable to reimburse Duffryn Ffrwd Manor the total cost of this Disclosure).**

**I declare that to the best of my knowledge and belief, the information I have given is true. I understand that employment will be considered subject to the particulars being correct.**

**Signed by the Applicant: Date:**

**Print Name:**