**APPLICATION FOR REGISTERED MANAGER**

**1. First name(s)…………………………………...… Surname……………………………………**

**Previous surname (if applicable)………………………………Mr / Mrs / Ms / Other (circle)**

**Address (including post code)………………………………………………………….…….…**

**…………………………………………………………………………………………………..….…**

**Telephone number (home)……………………………….(mobile)…………………………....**

**Email address………………………………………………………………………………………**

**National Insurance Number……………………………………………………………………...**

**2. REFEREES** – one of these should be your present/most recent employer. If you cannot give two employer references then please provide details of someone who can provide a character reference instead. Please be aware that legislation requires us to contact all previous care employers.

**Please tick box if you would prefer us not to contact your referees prior to interview**

**1st Reference:**

Name........................................................................Job title...................................................................

Address....................................................................................................................................................

Email............................................................................Telephone.............................................................

**2nd reference:**

Name.......................................................................Job title....................................................................

Address....................................................................................................................................................

Email............................................................................Telephone...........................................................

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3. CURRENT / LAST EMPLOYMENT** | | | | |
| Current/Last Job Held: | | | | |
| Employer’s Name and address: | | | | |
| Dates employed: From: To: Current Salary: | | | | |
| Have you previously worked for Gofal Cymru Care? YES NO | | | | |
| Social Care Wales Registration number: | | | | |
| **4. PREVIOUS EMPLOYMENT** (**CURRENT /** **MOST RECENT FIRST - ADD ADDITIONAL SHEET IF NECESSARY**)  Please note that under Care Inspectorate Wales regulations you have to provide details of all employment since leaving compulsory education i.e. age 16 and account for any gaps (eg if you were unemployed, bringing up family, caring for family member) | | |
| **From (month/year)** | **To**  **(month/year)** | **EMPLOYER’S NAME, DETAILS OF ROLE AND DUTIES,**  **AND REASON FOR LEAVING** |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **5. EDUCATIONAL QUALIFICATIONS** | | | |
| **Qualification:** | **Grade:** | | **Certificates available Y/N** |
|  |  | |  |
| **6. RELEVANT TRAINING UNDERTAKEN (eg QCF, Safeguarding, DOLS, Relevant Management Training, Care Related Training etc.)** | | | |
| **Title of training** | | **Date** | |
|  | |  | |
| **7. FURTHER DETAILS AND EXPERIENCE THAT MAKES YOU A SUITABLE CANDIDATE FOR THIS ROLE – THESE MUST BE MATCHED TO THE JOB DESCRIPTION AND PERSON SPECIFICATION PROVIDED AND EVIDENCE OF RELEVANT EXPERIENCE GIVEN** | | | |
|  | | | |
| **8. Welsh language –**  do you speak Welsh (please not this is not a requirement for the post):  Fluently A little Not at all Understand a little but do not speak Welsh | | | |
| **9. DO YOU HOLD A VALID UK DRIVING LICENCE?**  YES (FULL) YES PROVISIONAL NO  If yes how long have you been driving...................................... | | | |
| **10. Do you need a work permit to work in the UK?** YES NO | | | |
| If so do you have a permit YES NO  When does it expire? ………………  Do you need a Visa to remain in the UK?  If so do you have a Visa YES NO  When does it expire? ………………  **11. Where did you see the advertisement for this post?** | | | |
| **12. If the job for which you are applying will not be your only job, please give details of any other employment, including employer and number of hours worked each week. (This information is required under the Working Time Regulations)** | | | |

|  |
| --- |
| **13. CRIMINAL DISCLOSURE AND REHABILITATION OF OFFENDERS ACT** |
| As the post you are applying for is exempt from the Rehabilitation of Offenders Act because it could involve access to individuals who are vulnerable, you must disclose details of all convictions, including cautions, spent or otherwise.  Please note that all offers of employment are subject to an enhanced criminal record check. A Risk Assessment will need to be carried out if there are any convictions disclosed in order to determine your suitability for the role. In accordance with the Rehabilitation of Offenders Act 1974 only relevant convictions will be taken into account when assessing your capability.  Yes I have convictions: No I do not have any convictions:  If yes please disclose details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **I confirm that the above is a true statement:**  Signed……………………………………………. Date…………………………… |

**14. Do you require any reasonable adjustments to be made in order for you to meet the requirements of the job or during the recruitment process?**

1. in the recruitment process Yes No
2. to enable you to carry out the job Yes No

Note that information provided here will not have a negative impact on your application; it will be used to ensure that we consider reasonable adjustments to accommodate you both at interview stage and in your job (should you be successful).

**Declaration**

I declare that the information given on this form is correct to the best of my knowledge and belief and I understand that any false statements on this form will justify dismissal from any employment with Gofal Cymru Care.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing and returning this form, you consent to Gofal Cymru Care using and keeping information about you, provided by you or by third parties such as referees, relating to your application for future employment. This information will be used solely in the recruitment process and will be destroyed after six months should your application be unsuccessful.

**Please check that this application is fully completed and e-mail or forward by post to:**

**Gofal Cymru Care, Bluebay House, 5 Ty Nant Court, Morganstown, Cardiff, CF15 8LW**

**E-mail:** [**hr@gofalcymrucare.com**](mailto:hr@gofalcymrucare.com)

**Tel: 02920 400 657 Website:** [**www.gofalcymrucare.com**](http://www.gofalcymrucare.com)

**PLEASE ENSURE YOU COMPLETE THE FOLLOWING EQUAL OPPORTUNITIES MONITORING AND HEALTH CHECK FORMS.**

|  |
| --- |
| **Equal Opportunities Monitoring** |
| This is used for monitoring purposes only. Gofal Cymru Care is committed to ensuring equality of opportunity. Your application will be considered on your ability to do the job ONLY. |

1. **What is your gender** (please tick)? Male Female Non binary
2. **Age** 18-24 25-29 30-39 40-49 50-59 60 or over
3. **Sexual orientation:**

Heterosexual Lesbian Gay Bisexual Transgender

Other (please insert your own term if you wish)........................... Prefer not to say

1. **Religion:**

My religion is…………………………….. I am not religious I prefer not to say

1. **Disability** - The Disability Discrimination Act 1995 (DDA) defines a disability as a "physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities". It is long-term if it has lasted, or likely to last, over 12 months. Do you consider yourself to have a disability under the DDA (please tick)?

Yes No Prefer not to say

Used to have a disability but have now recovered.

1. **Nationality / ethnicity - h**ow would you describe your nationality and/or ethnicity
2. **WHITE** - British Welsh Irish

Other white background…………………………….……

1. **BLACK** - British WelshIrish

Other black background…………………………….……

1. **ASIAN** / **ASIAN BRITISH** - Chinese Indian Pakistani Other

1. **MIXED RACE** (please specify)………………………………………………………….

**GOFAL CYMRU CARE LIMITED**

**HEALTH SURVEILLANCE QUESTIONNAIRE (CONFIDENTIAL)**

**SECTION 1 – TO BE COMPLETED BY THE EMPLOYEE**

The following information is required to ensure that our working practices do not have an adverse effect on your health and well-being Any information given will be treated in the strictest confidence. Please answer all of the following questions. **If you answer ‘yes’ to any of the questions, please provide further details.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Personal Details: | |  | Doctor’s Details: | |
| Full Name: |  |  | Doctor’s Name: |  |
| Address: |  |  | Address of Practice: |  |
|  |
|  |
|  |
| Tel. No.: |  |  | Tel. No.: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you suffering / do you regularly suffer from any of the following conditions? | | | | | |
| Allergies | | Miscellaneous | | Neurological | |
| Allergies | Yes / No | Anaemia | Yes / No | Dizzy Spells | Yes / No |
| Asthma | Yes / No | Anxiety | Yes / No | Epilepsy | Yes / No |
| Hay Fever | Yes / No | Blood Disorder | Yes / No | Fainting Attacks | Yes / No |
| Cardiovascular | | Cancer | Yes / No | Paralysis | Yes / No |
| Chest Pain | Yes / No | Depression | Yes / No | Severe Headaches | Yes / No |
| Heart Disorder | Yes / No | Diabetes | Yes / No | Respiratory | |
| High Blood Pressure | Yes / No | General Debility | Yes / No | Chronic Cough | Yes / No |
| Palpitations | Yes / No | Insomnia | Yes / No | Pleurisy | Yes / No |
| Rheumatic Fever | Yes / No | Skin Disorder | Yes / No | Pneumonia | Yes / No |
| Digestive System | | Musculoskeletal | | Sinusitis | Yes / No |
| Hernia | Yes / No | Arthritis | Yes / No | Tuberculosis | Yes / No |
| Jaundice | Yes / No | Backache | Yes / No | Senses | |
| Peptic Ulcer | Yes / No | Back Injury | Yes / No | Colour Blindness | Yes / No |
| Rectal Bleeding | Yes / No | Disc Disorder | Yes / No | Ear Disorder | Yes / No |
| Genito-Urinary | | Gout | Yes / No | Eye Disorder | Yes / No |
| Kidney Stones | Yes / No | Joint/Tendon Disorder | Yes / No | Nose Disorder | Yes / No |
| Pain on Urination | Yes / No | Rheumatism | Yes / No | Throat Disorder | Yes / No |
| Sugar / Albumin Urine | Yes / No |  |  |  |  |

|  |
| --- |
| Other / Further information: |
|  |
|  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| I, the undersigned, confirm that the information provided with regard to my health is correct to the best of my knowledge. | | | |
| Print name & Sign: |  | Date: |  |

**SECTION 2 - FOR OFFICE USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| Review details: | | | |
| Reviewed by (Print & Sign): |  | Date: |  |

|  |
| --- |
| Comments / details of any required actions: |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Further Action Required: | | | |
| Request further information from GP? | Yes / No | Refer to Occupational Health Advisor? | Yes / No |

|  |  |
| --- | --- |
| Medical Consent | |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby give my written consent for Gofal Cymru Care to contact my Doctor for the purpose of determining whether any of my conditions could affect my ability to carry out the role for which I am being employed and what if any reasonable adjustments may need to be made. | |
| Please Tick Appropriately: | |
| I wish to have access to the report prior to the company receiving it |  |
| I do not wish to have access to the report prior to the company receiving it |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Print name & Sign: |  | Date: |  |