

Gainford Care Homes Ltd
Gainford House
Picktree Lane
Chester-le-Street
Co. Durham
DH3 3SR
Tel:+44 (0)191 389 5810
Email:admin@gainfordcarehomes.com

Application Pack

GAINFORD CARE HOMES LIMITED

JOB TITLE:	HANDYPERSON		
ACCOUNTABLE TO:	HOME MANAGER		
RESPONSIBLE:	PERSON-IN-CHARGE of De	uty	
JOB SUMMARY			
To provide a general main environment.	tenance service both interr	nally and externally to the Home	
RESPONSIBILITIES			
•		keep of the inner and outer buildings by eral maintenance duties where required.	
	 To be aware of Fire Procedure and Regulations. Checking fire alarms weekly and maintaining appropriate records. 		
Checking anf record Home Manager.	3. Checking anf recording of water temperatures weekly, reporting any abnormalities to the Home Manager.		
4. To be aware of Hea all times.	ılth & Safety, C.O.S.H.H. Re	egulations and ensure they are carried out a	
5. To assist with the tr	5. To assist with the transportation and storage of deliveries and supplies to the home.		
6. To assist with transportation of residents for appointments.			
7. To drive minibus for	7. To drive minibus for residents' outings when required.		
8. To carry out any ad	3. To carry out any additional duties as required by the Home Manager.		
This job description may b and is not exhaustive.	e altered subject to the ne	eds of the service we are required to provide	
SIGNATURE OF JOB HOLD	ER	DATE	
SIGNATURE OF HOME MANAGER DATE			

Application For Employment

Gainford House, Picktree Lane Chester-le-Street, Co. Durham, DH3 3SR www.gainfordcarehomes.com admin@gainfordcarehomes.com

Tel: 0191 389 5810 Fax: 0191 389 5811



Personal Information			
Name:			
Home Address:			
Town, County, Postcode:			
Telephone Home and/or Work:			
Position Applying For			
Job Title:			
PIN No. (if applicable)	Expiry Date:		
	Education		
Secondary education:			
Qualification/Dates obtained:			
Further, higher or professional Education:	Course and dates attended; Qualifications obtained and name of awarding body:		

Particulars of any other training relevant to the post			
	EMPLOYMEN	IT HISTORY	
Present Employer:			
Position Held:			
Dates Employed:			
Notice Required:			
Brief Summary of Duties:			
,	I.		
Previous employment - in date	order:		
95 2423.		Date from/to	Descen for leaving
Employer	Position	Date from/to	Reason for leaving
		1	
		1	
7			
Any gaps in employment must	be recorded.		

PERSONAL STATEMENT		
Please give reasons why you want this post together with any other information you wish to add to support your application:		

Please give below two referees, one of which must be your present employer if you are in employment. The second referee should also be able to comment on your suitability for this post.

REFER	RENCES		
Name:	Name:		
Job Title:	Job Title:		
Address:	Address:		
Telephone:	Telephone:		
Can your present employer be contacted for a refere			
REHABILITATION OF OFFENDERS ACT			
of the Rehabilitation of Offenders Act 1974, by virtue Orders, 1975. Applicants are therefore not entitled to purposes are "spent" under the provisions of the act, i	of the Rehabilitation of offenders Act (1974) (Exceptions) withhold information about convictions which for other in the event of employment any failure to disclose such ction. Any information given will be completely confidential ion to which the order applies.		
Have you ever convicted of a criminal offence? Yes/No If the answer immediately above is yes, please set out full details of the conviction(s) on a seperate note which you should sign and attach to the application form.			
I believe that the statements made in this form are true and accurate to the best of my knowledge and belief.			
I have completed and signed this application myself	I have completed this application on behalf of the applicant		
Signed	Signed Print Name		
Date:	Date:		
This form should be returned to:	The successful candidates with be asked to apply for disclosure via the Criminal Records Bureau. The level of disclosure for this position is Enhanced. Further information about the Disclosure Service can be found at www.disclosure.gov.uk or by contacting the Criminal Records Bureau line of 0870 9090811		

Equal Opportunities Questionnaire

Gainford Care Homes Limited aim to be an equal opportunities employer, and we select staff solely on merit, irrespective of race, sex, disability or age. In order to monitor the effectiveness of this policy, we request all applicants to provide the information indicated by ticking the appropriate selection.

A)	Post applied for:			
B)	Gender: Ma	ale / Female		
C)	Ethnic origin:	 UK/European Caribbean Asian Other (please state) 		
D)	Are you registered	disabled? Yes / No		
E)	Age Range:	17-30 31-40 51-60 60 +	41-50	
F)	Source of Information – how did you hear about this vacancy?			
	Internal advert Job Centre Press (which newsp Other source (pleas			
	Date:			

All information will be held in the STRICTEST OF CONFIDENCE

Declaration of Health

Home Location		
To be completed by the employee: Name:	D.O.B.	
Address:	D.O.B.	
Address.		
Have you ever suffered from any of the following?		
Depression/Anxiety State, Nervous Illness or Breakdown		Yes / No
Epilepsy or Disease of the Nervous System		Yes / No
Aliment of Lungs or Chest		Yes / No
Spinal Problems		Yes / No
Arthritis, Rheumatism or Gout		Yes / No
Any Heart or Circulatory, including Blood Problems		Yes / No Yes / No
Illness of the Digestive System		Yes / No
Illness of the Kidneys Diabetes		Yes / No
Major Accident, Operation or Physical Defect		Yes / No
Skin Disorder		Yes / No
Skiii bisorder		103 / 110
Are you presently taking or undergoing any treatment?		Yes / No
What is your average daily consumption of:	A1 1 1	
	Alcohol	
	Tobacco	
	TODACCO	
Are you pregnant? (where aplicable)		Yes / No

Gainford Care Homes Ltd

If you have answered yes to any of the following que	stions, please give details including dates:
This Section to be completed by the Employee:	
Signed:	Date:
To be completed by the Manager:	
Signed:	Date: