



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: Administrator
Responsible to: The Home Manager
Accountable to: Head Office

Job Purpose

Responsible for the day to day implementation of administrative procedures associated with effective management of the establishment.

Responsibilities

The reception of visitor's to the home and assistance thereafter.

Processing of all incoming telephone calls, processing of all correspondence, receipt and despatch of all incoming/outgoing mail.

Diarising of appointments and typing/spreadsheets, typing/secretarial support as required by the Home Manager.

The general organisation and day to day operation of the administration office as directed by Head Office. To ensure that a systematic approach to all procedures within the responsibility of the Administration Office is in place, e.g. filing systems etc.

Personnel issues such as collection and summary of weekly timesheets, ensuring all necessary paperwork is sent to Head Office, i.e. sick notes, SMP info, etc. within the set deadlines. Personnel files kept up to date, ensuring all relevant documents are received.

Collection, receipt and banking of all monies, completion of company records. Petty cash records and responsibility of cash float.

Records relating to residents' expenditure of personal allowance and cash floats.

Stock control and purchase orders to replenish weekly stock levels.

Other duties associated with the administration and accounting procedures as directed by Head Office.

The above list will be subject to review depending upon the operational requirements of the establishment and is not exhaustive.

Job Holders Signature: _____

Date: _____

Managers Signature: _____

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

EMPLOYMENT HISTORY

Present Employer:

Position Held:

Dates Employed:

Notice Required:

Brief Summary of Duties:

Previous employment - in date order:

Employer

Position

Date from/to

Reason for leaving

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.

REFERENCES

Name:	Name:
Job Title:	Job Title:
Address:	Address:
Telephone:	Telephone:
Can your present employer be contacted for a reference? Yes/No	

REHABILITATION OF OFFENDERS ACT

Because of the nature of the work for which you are applying, this post is exempt from provisions of section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of offenders Act (1974) (Exceptions) Orders, 1975. Applicants are therefore not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the act, in the event of employment any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to an application 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 separate 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

Date:

Print Name

Date:

This form should be returned to:

The successful candidates will 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: Male / Female

C) Ethnic origin:

1.	UK/European	_____
2.	Caribbean	_____
3.	Asian	_____
4.	Other (please state)	_____

D) Are you registered disabled? Yes / No

E) Age Range:

17-30	_____	31-40	_____	41-50	_____
51-60	_____	60 +	_____		

F) Source of Information – how did you hear about this vacancy?

Internal advert _____

Job Centre _____

Press (which newspaper) _____

Other source (please specify) _____

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:	

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
Illness of the Digestive System	Yes / No
Illness of the Kidneys	Yes / No
Diabetes	Yes / No
Major Accident, Operation or Physical Defect	Yes / No
Skin Disorder	Yes / No

Are you presently taking or undergoing any treatment?	Yes / No
---	----------

What is your average daily consumption of:	Alcohol	_____
	Tobacco	_____

Are you pregnant? (where aplicable)	Yes / No
-------------------------------------	----------

If you have answered yes to any of the following questions, please give details including dates:

This Section to be completed by the Employee:

Signed:	Date:
---------	-------

To be completed by the Manager:

Signed:	Date:
---------	-------