



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](mailto:admin@gainfordcarehomes.com)

# Application Pack

## **GAINFORD CARE HOMES LIMITED**

JOB TITLE: KITCHEN ASSISTANT

ACCOUNTABLE TO: HOME MANAGER

RESPONSIBLE TO: COOK

### Job summary

To assist the Cook in the provision of qualitative service of the highest stand to service users and staff.

### Responsibilities

1. To be aware of and undertake with the supervision all Health and Hygiene Regulations relating to the provision of a service of the highest standard.
2. To ensure that the cleanliness of all catering equipment and appliances is of the standard required by Environmental Health regulations.
3. To ensure catering supplies storage areas are clean and that food is stored correctly.
4. To assist in the cleaning of all kitchen areas and floors.
5. To assist with meal preparation as directed by Cook and sandwich/meal preparation for staff.
6. To assist with social functions within the Home as required.
7. To ensure dishes are washed and stored appropriately and any specific requirements are undertaken at Cooks request.
8. To be aware of the Fire Regulations and Health & Safety procedures and ensure that they are carried out under the Cooks supervision.
9. To work toward obtaining Health & Hygiene Certificate.
10. To attend in-service training or educational sessions as required.
11. Any other duties as directed by Cook

This job description may alter due to the changing needs of the service we are required to provide.

Signature of Job Holder ..... 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

## 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](http://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
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What is your average daily consumption of:	
Alcohol	_____
Tobacco	_____

Are you pregnant? (where aplicable)	Yes / No
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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:
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To be completed by the Manager:

Signed:	Date:
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