

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: STAFF NURSE - 1st Level Registration RMN Essential.

**MANAGERIALLY &** 

**CLINICALLY RESPONSIBLE TO:** HOME MANAGER

#### AIMS OF THE POST

To assess care needs, develop programmes of care, implement and evaluate these using a selected model of nursing.

Carry out all relevant forms of care with/without supervision as necessary.

Take charge of the Nursing Home in the absence of person who has continuing responsibility.

Provide a leadership and supervise staff to maximum potential.

To provide cover to 24 hour care.

#### **OBJECTIVES OF THE POST**

- 1. Professional
- 1.1 Ensure a high standard of nursing care is maintained at all times.
- 1.2 Observe the UKCC Code of Professional Conduct, Home policies/procedures, and statutory/legal requirements.
- 1.3 To be involved in an appraisal process and participate in staff appraisal below 1st level registration.
- 2. <u>Clinical/Practitioner</u>
- 2.1 Develop and monitor systems of individualised care planning and appropriate documentation. Ensure consultation and involvement of patients/residents, relatives and carers in stages of this where necessary.
- 2.2 Assist in the development of effective links with other discipline/agencies. Contribute with all aspects related to a multi-disciplinary team approach.
- 2.3 Initiate, organise and participate in social activities where necessary and appropriate.
- 2.4 Liaise with medical staff representing nursing team or allocated patient/resident groups in case conferences.

- 2.5 Adhere to the procedure of administration of prescribed medicines/treatments, their storage and supply.
- 2.6 Make positive, efforts to maintain awareness of clinical developments and research based practice seeking out new knowledge of nursing and health issues.
- 2.7 Maintain a working environment conducive to job satisfaction, nurse education and good morale. Promote and encourage ideas of innovation/initiate in delivery of care.
- 2.8 Supervise, demonstrate, instruct care assistants in their delivery of care, professional conduct and environmental awareness, maintaining in-service training.
- 2.9 Recognise situations that may be detrimental to health and safety of individuals reporting concerns promptly where necessary to senior staff.
- 2.10 Contribute to, and provide flexibility of duty patterns to maintain 24 hour cover.

#### 3. <u>Managerial</u>

- 3.1 To take charge of the Home in the absence of the person who has continuing responsibility.
- 3.2 Provide effective deployment of available resources.
- 3.3 Provide information through nursing documentation and reports to aid assessment of individuals care.
- 3.4 Supervision and introduction of agreed clinical and administrative procedures.
- 3.5 Review patterns of work in consultation with the Senior Clinical Nurse/Home Manager.
- 3.6 Prompt reporting of serious accidents/incidents or abnormal occurrences to senior staff.
- 3.7 Awareness and participation (when necessary) of stock control/ordering systems.
- 3.8 To train staff in aspects of Fire, Health & Safety etc., and ensure their adherence to these regulations at all times.

This job specification should not be regarded as an exhaustive description of duties and may alter to reflect the changing needs of the service we provide.

#### JOB HOLDERS SIGNATURE

	DATE
HOME MANAGERS SIGNATURE	
	DATE
P008	

# 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:			
,			
Previous employment - in date	order:		
95 2423.		D	D ( 1 :
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.

REFER	RENCES	
Name:	Name:	
Job Title:	Job Title:	
Address:	Address:	
Telephone:	Telephone:	
Can your present employer be contacted for a refer	ence? 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 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: N	1ale / Fema	ale	
C)	Ethnic origin:	2. Ca 3. Asi	ribbean	
D)	Are you registered disabled? Yes / No			
E)	Age Range:	17-30 51-60	31-40 60 +	
F)	Source of Information – how did you hear about this vacancy?			
	Internal advert Job Centre Press (which news Other source (plea			
	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:		