



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

The Grove

Job Description

Title: Senior Support

Main Purpose of the Job

To assist the manager in leading and managing the service through:

- Leading good practice in guest support
- Development and practice of Person Centred Plans

Which reflect:

- Peoples choices and Preferences
- Respect for people as individuals
- People's presence and participation in the community
- A positive image of people within the community
- The need to maintain people's welfare and safety

Principle Accountabilities

- To assist the manager in leading good practice and developing excellence in guest support within a short break service.
- To take the lead in dealing with emergency or complex situations which may arise in the absence of the manager?
- To be responsible for undertaking Health and Safety and vehicle checks in accordance with agreed procedures.
- Service planning and implementation
- To support guests in undertaking activities both in the community and within the service upholding choice and developing new experiences.
- To maintain records as required relative to people's lives, service, medication and individual financial affairs.
- To assist in the drawing up of risk assessments relating to individuals and the service in order to protect the health, safety and welfare of all, and to implement and contribute to the review of these.

- To liaise with external parties carers and parents.
- To directly line manage cook, domestic and support workers as required.
- To assist the manager in the recruitment and development of the staff team, staff consultation processes, to be responsible for the deployment of staff through agreed rotas and staffing plans.
- To undertake any other duties commensurate with the general level of responsibility of the job.

Person Specification

Education/Qualification/Training

1. GCSE (or equivalent) standard of education – Desirable
2. Relevant qualification e.g. NVQ Promoting Independence/Care Level 3
Desirable
Attended mandatory courses i.e. First Aid, Moving and Handling (People Moving People), Fire Safety and Basic Food Hygiene - Desirable

Work/Life Experience

1. A minimum of 2 years regular experience working with people with Learning Disabilities - Essential
2. Experience of staff supervision - Desirable

Competencies/Skills/Knowledge

1. Ability to take initiative in dealing in dealing with emergencies or complex situations - Essential
2. Ability to communicate effectively and support people with learning disabilities in line with their personal plan - Essential
3. The ability to apply the principles of equal opportunities in support work – Essential
4. Ability to record information appropriately, write reports and undertake administrative tasks - Essential
5. Ability to motivate and supervise staff - Essential
6. A general awareness of health and safety issues - Essential
7. A minimum of one year's driving experience and a full driving licence - Desirable

Personal Qualities

1. A commitment to equal opportunities - Essential
2. The ability to work on own initiative in a responsible way - Essential
3. The ability to work as part of a team - Essential

All staff are required to respect the confidentiality of all matters that they might learn in the course of their employment. All staff are expected to respect the requirements under the Data Protection Act 1998. All staff must ensure that they are aware of the responsibilities under the Health and Safety at Work Act 1974.

SIGNATURE OF JOB HOLDER

DATE

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SIGNATURE OF HOME MANAGER

DATE

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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
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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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