**Genus Care**

Application Form

**Please write all details clearly with all information requested.**

|  |  |
| --- | --- |
| Position Applied For:  **Residential Care Worker** | Closing Date: |
| Successful candidates will be expected to undertake an Enhanced DBS  Disclosure. | **All applicants must hold a full manual driving licence and be 21 and over.** |
| On Completion please return this form to: **Genus Care Ltd**  **Helen Hemming HR Manager**  **23, Park Avenue**  **Glynneath**  **helen.hemming@genuscare.co.uk SA11 5DP** | |

**Personal Details**

|  |  |
| --- | --- |
| **Title Full Name:** |  |
| Any previous names and the date used from-to (i.e. maiden name, adoption) |  |
| Place of Birth: |  |
| Address  Postcode Date you moved into this address: / / | |
| Home Tel  Mobile  Email: | National Insurance No  D.O.B  Age: |

**Address**

If not as above, please give addresses overleaf covering last five year leaving no gaps

|  |
| --- |
| Address  Postcode Date you moved into this address: |
| Address  Postcode Date you moved into this address: |
| Address  Postcode Date you moved into this address: |

**References**

(References will not be requested until after interviews, **Please complete all boxes. The most recent employer and previous employer- ensure that the named person has the authority to provide a reference, they must be your direct line manager or the HR Manager. Also complete the two character references.**

If you don’t have more than one employer you need to add 3 character references and use the previous employer box provided (state it is a character reference.)

**You will not be selected for an interview if any part of the references are not complete as it is a requirement by law and part of the vetting process.**

Please write all details clearly

|  |  |
| --- | --- |
| CURRENT / MOST RECENT EMPLOYER | PREVIOUS EMPLOYER |
| Name: | Name: |
| Occupation: | Occupation: |
| Organisation: | Organisation: |
| Address:  Post Code: | Address:  Post Code: |
| Day Time Tel:  Email Address: | Day Time Tel:  Email Address: |

|  |  |
| --- | --- |
| CHARACTER REFERENCE | CHARACTER REFERENCE |
| Name: | Name: |
| Occupation: | Occupation: |
| Organisation: | Organisation: |
| Address:  Post Code: | Address:  Post Code: |
| Day Time Tel:  Email Address: | Day Time Tel:  Email Address: |

|  |  |
| --- | --- |
| Are you currently on the Social Care Wales Register? |  |
| If so, what is your registration number? |  |
| What is the start date of your registration? |  |

**Employment History**

(Starting with the most recent, please give full employment history details of any work paid or voluntary that you have undertaken. Please use continuation sheet if necessary.)

|  |  |
| --- | --- |
| Employer’s Name & Location: |  |
| Worked there From-To: month & Year |  |
| **State Reason For Leaving:** |  |
| Job Title and Main Duties: | |

|  |  |
| --- | --- |
| Employer’s Name & Location: |  |
| Worked there From-To: month & Year |  |
| Reason For Leaving: |  |
| Job Title and Main Duties: | |

|  |  |
| --- | --- |
| Employer’s Name & Location: |  |
| Worked there From-To: month &  Year |  |
| Reason For Leaving: |  |
| Job Title and Main Duties: | |

|  |  |
| --- | --- |
| Employer’s Name & Location: |  |
| Worked there From-To: month & Year |  |
| Reason For Leaving: |  |
| Job Title and Main Duties: | |

**For employment dating 10 years and over please state Employers name, address**

**and the date you worked there only.**

|  |  |
| --- | --- |
| Employer’s Name & Location: |  |
| Worked there From-To: month & Year |  |
| Employer’s Name & Location: |  |
| Worked there From-To: month & Year |  |
| Employer’s Name & Location: |  |
| Worked there From-To: month & Year |  |
| Employer’s Name & Location: |  |
| Worked there From-To: month & Year |  |
| Employer’s Name & Location: |  |
| Worked there From-To: month & Year |  |

Please explain any gaps in employment, (required by law) the dates from and to and the reason for this.

|  |  |  |
| --- | --- | --- |
| Date from | Date to | Reason for gap in employment |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Education**

(Starting with the most recent, please give details of university, college and school

education. Please use continuation sheet if necessary.)

|  |  |
| --- | --- |
| Name and Location of  School / College |  |
| From  (Month + Year) |  |
| To  (Month + Year) |  |
| Course Attended |  |
| Qualifications / Grades Obtained |  |

|  |  |
| --- | --- |
| Name and Location of  School / College |  |
| From  (Month + Year) |  |
| To  (Month + Year) |  |
| Course Attended |  |
| Qualifications / Grades Obtained |  |

|  |  |
| --- | --- |
| Name and Location of  School / College |  |
| From  (Month + Year) |  |
| To  (Month + Year) |  |
| Course Attended |  |
| Qualifications / Grades Obtained |  |

**Relevant Qualification for RCW** is the Diploma in Health & Social Care Children & Young People which is a requirement by law. If you do not hold the relevant qualification you will be expected to complete it within 3 years of employment with a local training provider.

|  |  |
| --- | --- |
| **Do you hold the relevant Qualification?** |  |
| **If you do not hold the relevant qualification Please tick to confirm you are willing and committed to undertake the qualification.** |  |

**Other Training**

(Starting with the most recent, please give details of any relevant courses/workshops

attended. Please use continuation sheet if necessary.)

|  |  |  |
| --- | --- | --- |
| Date Attended | Course / Workshop Title | Qualification/Cert. Received |
|  |  |  |

**Questions**

(Working with Young people in a residential setting requires you to be forward thinking, imaginative and to always be proactive. With this in mind please answer the following questions.)

|  |
| --- |
| You are in the house with two young people and no other member of the team, it is 9pm and there is a power cut. What do you do? |
| You are a good distance away out on a trip 1 to 1 with a young person. You realise that you have forgotten their medication. What do you do? |
| At 3pm two members of the team inform you they are not going to make the evening shift due to sickness. What do you do? |

**Additional Information**

(The following question is designed to help us determine whether you meet the

requirements in the person specification. Please give examples where possible and use a

continuation sheet if necessary.)

|  |
| --- |
| Please state what personal attributes, skills, knowledge and experience you have that are relevant to this position. |

|  |  |
| --- | --- |
| Do you know anyone who works for the company? | **Name:** |

|  |  |
| --- | --- |
| Do you hold a full manual driving licence?  Do you have any points on your licence?  Are you willing to travel to work?  Would you be confident in driving company cars? | **Y or No**  **Y or No**  **Y or No**  **Y or No** |

|  |  |
| --- | --- |
| Have you applied to work for Genus Care previously? | **Y or No** |

|  |  |
| --- | --- |
| Are you willing to work shifts and sleep in? | **Y or No** |

**Who you will be employed to look after**

**Genus Care Ltd** look after children and young people who have had a difficult start in life and they have all suffered trauma, neglect and abuse and poor education. Some have additional needs or a disability.  This has led them to be emotionally unstable, frustrated with their situation, distrusting of adults, confused, anxious and scared of what is to become of them. This manifests itself in behaviour that is referred to as 'challenging'; which means they can and often will be verbally and physically threatening, violent and non-compliant. They will be impulsive and display behaviour which they have seen and been immersed in for a long time. Our job is to enable positive change in their lives by providing stability, routine, positive regard, opportunity and structure.

Whilst we will ensure our staff are suitably supported, trained, mentored and coached there will be times where you will be spat at, hit, kicked, shouted at, insulted and ignored. We, as a company, hold the view that we need to persevere with children (stability will only come this way) and we hope you, as an individual employee, can support us to do this.

Please consider this before submitting your application as we need to ensure we employ the right person for this job who wishes to change the lives of these children for the better and have a long enjoyable career with us.

**Please sign to state you have read and agree to the above statement.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Convictions / Cautions**

Have you ever been convicted of a criminal offence, had a caution, reprimand, or a police investigation that may impede your suitability to work within Genus Care.

|  |  |
| --- | --- |
| Do you have any convictions / cautions to disclose?  (including any driving offences) | Yes / No |
| If you answered YES to the above question, please give details below. | |

|  |
| --- |
| **Declaration**  I confirm that the statements made are true and correct and understand that any misrepresentations will invalidate my application and, if employed, could lead to dismissal. I confirm that to the best of my knowledge there are no medical reasons which would prevent me from undertaking the duties of this post.  **Data Protection Act 1998**  By signing and returning this application form, you consent to Genus Care using and keeping information about you provided by you or by third parties, relating to your application or future employment. Such information may include details relating to your health, ethnic origin and criminal record. The information will be held securely in a relevant filing system. The information will not be disclosed to any third party without your specific consent.  Print Name:  Signature of applicant: Date: |

Updated January 2019