

Cymorth Llaw Ltd.

Ffordd Y Parc, Parc Menai, Bangor, Gwynedd, LL57 4BN

Confidential Application Form

Ffurflen Gais Gyfrinachol.

Post / Swydd:

Full Time / Llawn Amser

Care services Adult / Gofal Oedolion

Part Time/ Rhan Amser

Care services Children / Gofal Plant

Staff availability is discussed on interview and must be in accordance with the Organisations requirements /
Fydd Argaeledd Staff yn cael ei trafod yn y cyfweiliad yn unol a gofynion cyrff y cwmni

Surname: Mr Mrs Miss Ms

Cyfenw:

First Name(s)/

Enwau Cyntaf:

Address

Cyfeiriad:

Date of Birth/

Dyddiad Geni:

Next of Kin/

Perth Agosaf:

Tel / Rhif Ffôn:

Your Home & Mobile Number:

Eich Rhif Ffôn:

Valid Driving Licence/

Yes / No

Trwydded Yrru Ddilys:

Oes / Nac Oes

Car Owner/

Yes / No

Perchennog Car:

Oes / Nac Oes

Number of dependants/

Nifer ac oed y rhai sy'n ddibynnol arnoch:

State of health/

Cyflwr iechyd:

Previous Employers (most recent first) / Swyddi blaenorol (y rhai diweddaraf gyntaf)

Employer (full name and address)

From / O

To / I

Post / Swydd

1.

2.

3.

4.

Please give name, address and designation of two referees, one from a previous employer (not a relation or neighbour)

Rhowch enw, cyfeiriad a swydd dau ganolwr os gwelwch yna dda. Un gan gyflogwr blaenorol (dim perthynas na chymydog)

1.

2.

Please give a brief description of yourself and any previous work experience relevant to this post.

Rhowch ddisgrifiad byr o eich hun a unrhyw brofiad gwaith sy'n berthnasol i'r swydd hon, os gwelwch yn dda.

Declaration: This post is exempt from the provision of section 4(2) of the rehabilitation of offenders Act 1974. I understand therefore that applicants are not entitled to withhold information at interview about convictions which for other purposes "have expired" under the provision of the Act. (Any convictions arising after engagement will result in dismissal). All convictions must be disclosed at interview.

Datganiad: Mae'r swydd hon wedi'i heithro o ddarpariaethau adran 4(2) Deddf Adsefydlu Troesddwyr 1974. Deallaf felly, nad oes gan ymgeiswyr hawl mewn cyfweiliad I gelu gwybodaeth am ddeddfrydau a fyddai I ddibenion eriall "wedi terynu" yn ol darpariaethau'r Ddeddf. (Os dedfrydir ar ol penodiad, bydd yn arwain at ddiswyddo). Rhaid datgelu pob dedfryd mewn cyfweiliad.

Signed / Arwyddwyd..... Date / Dyddiad.....

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Ticiwch y blwch perthnasol ar gyfer cyrsiau rydych wedi cwblhau mewn perthynas a gofal
Please tick the relevant box for courses you have completed in relation to care

<i>Topic</i>	Within last 12 months	Within last 2 years	Within last 3 years	Have not completed
POVA				
Child Protection				
Moving & Handling				
Fundamentals / Personal Care / Infection Control				
First Aid / Basic Life Support				
Medication Awareness Training				
Palliative Care Training				
Care Plan/Record Keeping				
Peg Training				
Catheter Care				
Risk Assessment training				
Stroke Awareness				
Dementia Awareness				
Epilepsy Awareness				
Huntington's Awareness				
Food safety				
Health & Safety Training				
NVQ / QCF Diploma 2 Health & Social Care				
NVQ / QCF Diploma 3 Health & Social Care				
NVQ Level 4 L&M RMA/ QCF Diploma Level 5				

Qualifications / Cymhwysterau:

Health Assessment Questionnaire

Surname..... Mr, Mrs, Miss, Ms.

Forename(s).....

Maiden Name(s)..... Date of Birth.....

Address.....

..... Post Code.....

Telephone..... Mobile.....

Post Applied for..... Area: Arfon, Dwyfor, Ynys Mon, Conwy

G.P Name..... Surgery Address.....

.....

Post code..... Telephone.....

Please Note

Cymorth Llaw Ltd is committed to promoting the health and wellbeing of all staff.

In your own interest, as well as that of your employer and the public generally, it is important that you fill in this form accurately. If it is not, then you may be allocated to work that is unsuitable to your health, and which may have serious consequences. If it is later discovered that any statements are false or inaccurate then the employer has a right to take disciplinary action.

All information submitted will be treated as confidential

Please read the questions carefully and answer them as accurately and as fully as possible.

Declaration

I declare that all the answers to this questionnaire are, to the best of my knowledge, true.

I understand that if it is subsequently discovered that any statement is false or misleading the employer may have the right to dismiss me from my employment.

Signed..... Date.....

Work History

Please state with your present or most recent job

Job Title	Employer	From	To

Attendance

Please state the number of days you have been absent from work or full/part time education in the past 2 years

Dates (Approx)	Duration	Reason

Past Medical history

Please answer all the following questions, by ticking the boxes

Do you, or have you ever suffered with any of the following	Yes	No	Further details
High blood pressure			
Any form of heart disease or chest pains			
Asthma, bronchitis or any of chest problem			
Epilepsy, fits or seizures			
Back or neck problems			
Any form of bowel condition			
Any condition that requires you to take medication at strict times e.g. diabetes or thyroid disorders			
Tuberculosis or hepatitis			
Circulatory or vascular disease			
Depression, Stress, nervous disorders or mental illness, drug or alcohol abuse			
Do you smoke?			
Viral or glandular disease			

