

# Haven Bay Care Centre

## Ballinacubby, Kinsale, Co Cork

### Application Form



Applications Are Welcome Irrespective Of  
Gender, Martial Status, Religion

Post Applied For \_\_\_\_\_

**Please read the following carefully before completing this form**

1. Return this completed form to Haven Bay Care Centre Ltd, Ballinacubby, Kinsale, Co. Cork.
2. Complete this form in full in black ink or typescript
3. Only applicants supplying all the information which has been sought will be considered
4. Canvassing will disqualify
5. Haven Bay Care Centre operates a no smoking policy for all staff. Smoking is not allowed on the grounds.

First or given name	Surname
Home telephone number	Daytime telephone number
Home address	Address for correspondence (if different)
PPS No: Nationality (please tick) EC ( ) NON-EC ( )	Email address
If non-ec please specify: Are there any restrictions on your right to work in this country Yes ( ) No ( )) If yes please provide details:	
Are there any restrictions on your availability to work? Yes ( ) No ( ) If yes, please provide details:	
Nursing applicants only: NMBI PIN number _____ expiry date _____	

Is there anything we need to know about your disability in order to offer you a fair selection interview yes ( ) no ( )

Do you have any current or past medical condition that may affect your employment yes ( ) no ( )

I understand that it will be a condition of my employment that I undergo a medical examination and garda reference check yes ( ) no ( )

Date \_\_\_\_\_ Signature \_\_\_\_\_

## Education and Training

<b>Education (secondary and further education) &amp; Training schedule</b> (any other training). Please provide copies of certificates			
Name of School/College/university	Degrees / diploma / certificate	Awarding body e.g. Fetac	Year obtained

<b>Professional qualifications</b> (administration, nursing, etc.)				
Name of Professional body	Part number with date and result	Final with date and result	Enrolment reg number	Examination yet to be taken

Please describe any other activities which may be of interest in relation to this application (e.g. Publications, courses attended, interests etc) also skills experience or competence gained through voluntary work

Additional information (continue on blank page if necessary)

Have you ever been convicted of a criminal offence? Yes ( ) No ( )  
If yes please give date and details of each conviction.

## Employment History

Employment history current / last employer		
Name and address of present employer		
Date appointed	starting/leaving salary	period of notice/ date available to work
Department (including location of post)		grade of post / position
Principal duties of post		

**Employment History** please list all posts held beginning with the most recent (NB: there must no unexplained gaps)

Employer	Grade/ Position	Duties	Dates of tenure		Reasons for leaving
			From	to	
			Month yr	Month yr	

Please state how your experience to date has a bearing on your present application

**Referees** please name three referees, at least one whom should have knowledge of your present work and be in a supervisory / managerial capacity. (Relatives should not be named)

1. Name
Occupation
Address
Tel No.
e-mail

2. Name
Occupation
Address
Tel No.
e-mail

3. Name
Occupation
Address
Tel No.
e-mail

Please confirm that we may approach your present / recent employer for a confidential assessment of your suitability for employment      yes ( )    no ( )  
 Referees will only be contacted at short listing stage and after first interview

I confirm that the information is correct, I understand that any false information or deliberate omissions disqualify the form, employment or may render me liable to dismissal. Canvassing, in whatever form, will automatically disqualify my application.

Date

Signature

***The following will be required prior to commencing employment:***

- Haven Bay Application Form with
- No gaps in Employment History
- Drivers Licence or Passport (preferably)
- 3 Written References
- References Verified
- Garda Vetting Form Completed
- Date posted: \_\_\_\_\_
- Pre-Employment Medical Certificate
- Signed Job Description
- Date Contract issued
- Date signed contract returned: \_\_\_\_\_

- Confirmation of Receipt of Handbook
- Emergency Contact Info completed
- Confidentiality Agreement signed
- Proof of qualifications
- Copy manual handling certificate
- Date of manual handling \_\_\_\_\_
- Welcome notice completed\*
- FETAC Level 5 (HCA's Only)
- ABA Registration (Nurses Only)