

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
<p>If non-ec please specify: Are there any restrictions on your right to work in this country Yes () No ()) If yes please provide details:</p> <p>If no please provide Visa details (if applicable):</p>	
<p>Are you available for full time or part time work? Full time () Part time () Are you available to work days and nights? Yes () No () If no, please provide details:</p> <p>Are there any restrictions on your availability to work i.e. days/times? Yes () No () If yes, please provide details:</p> <p>Have you any pre-booked holidays? Yes () No () If yes please provide details:</p>	
<p>Nursing applicants only: NMBI PIN number _____ expiry date _____</p>	

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 ()

Have you been convicted of any offence Yes () No ()?

Date

Signature

Education and Training

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

Professional Qualifications (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 Month yr	to Month yr	

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

Terms & Conditions

If your application is successful your details will become part of your HR file. If unsuccessful your details will be retained for a period of 1 year.

If an application is unsuccessful, it will be deemed to be unsuccessful for a period of 1 year and will not be considered for another interview within that period.

Haven Bay Care Centre is the controller of the information you submit when registering for job opportunities. See our Data Privacy Policy below for further information.

Use of your personal information:

Your personal information is collected solely based on your freely given consent and processed and stored only for the purpose of handling your application.

As part of the recruitment process we may also seek additional information about you from the Internet, including social medias.

In addition, we may share your personal information with public and judicial authorities if we are obligated to disclose your personal information to them.

You may withdraw your consent at any time.

Your Rights:

You are always entitled to gain access to the personal information we process which relates to you, and request correction of such data where necessary.

If you wish to exercise your rights, please contact us by using the e-mail.

How to contact us:

Haven Bay Care Centre Ballinacubby, Kinsale, Co Cork

If you wish to appeal against our processing of your personal information, you can contact:

The Data Protection Commissioner
Canal House
Station Road
Portarlinton
Co. Laois
Phone: +353 (0)761 104 800
LoCall: 1890 25 22 31
Email: info@dataprotection.ie