



30 Bridge Street, Lampeter, Ceredigion, SA48 7AA  
 Tel: 01570 423342 Fax: 01570 423826  
 E-Mail: cerecare@hotmail.co.uk

**APPLICATION FORM**  
**FFURFLEN GAIS**

**PLEASE NOTE APPLICATION FORM MUST BE COMPLETED IN FULL**  
*Rhaid i gais nodyn os gwelwch yn dda ei gwblhau yn llawn*

**Position Applied for/Y swydd y gwneir cais amdani\_:** .....

**PERSONAL DETAILS / MANYLON PERSONOL**

Title/Teitl..... First Names/Enwau Bedydd .....

Surname/Cyfenw..... Previous Names/Enwau cynt .....

Present Address/Cyfeiriad Presennol .....

.....Post Code/Cod Post .....

Previous Address's for Five Years/Cyfeiriadau dros y pum mlynedd ddiwethaf

- a. ....
- b. ....
- c. ....

Telephone Number/Rhif Ffôn ..... Mobile/Symudol .....

E-mail Address/E-gyfeiriad .....

Country of Birth/Gwlad eich Geni ..... Nationality/Cenedl .....

National Insurance Number/Rhif Yswiriant Cenedlaethol .....

Welsh Speaker/ Siaradwr Cymraeg .....Welsh First Language/Cymraeg Iaith Gyntaf .....

Welsh Second Language/Ail Iaith .....

**Next of Kin/ Perthynas agosaf**

Name and Relationship/ Enw a Pherthynas .....

Emergency Contact Number/ Rhif Cyswllt mewn argyfwng .....

Car Owner **Yes/No** Perchen Car **Ydw/Na** Licence Plate Number/ Rhif Cofrestru .....

Car Driver **Yes/No** Gyrwr **Ydw/Na** Driving Licence Number/ Rhif Trwydded Yrru .....

Car Insurance Policy Number/ Rhif Polisi Ysiriant y Car .....

**For Nurses Only / Nyrsys yn unig**

<b>NMC PIN NUMBER/RHIF ADNABOD NMC</b> .....	<b>EXPIRY/DAW I BEN</b> .....
----------------------------------------------	-------------------------------

**For Health/Social/Care/Support/Workers Only**

<b>CCW PIN NUMBER/RHIF ADNABOD CCW</b> .....	<b>EXPIRY DATE/DAW I BEN</b> .....
----------------------------------------------	------------------------------------

**BANK DETAILS / MANYLION BANCIO**

Name and Address of Bank/Building Society <i>Enw a Chyfeiriad y Banc/ y Gymdeithas Adeiladu</i>	Account Name/ <i>Enw'r Cyfrif</i> .....			
.....	Bank Sort Code <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> <i>Cod Didoli</i>			
.....	Type of Account/ <i>Math o gyfrif</i> .....			
.....	Account Number/ <i>Rhif y Cyfrif</i> .....			

**WORK HISTORY/ GYRFA**

**Present Employer/ Cyflogwr Presennol:**

Name/ *Enw* .....

Address/ *Cyfeiriad* .....

..... Telephone Number/ *Ffôn* .....

Current Position/ *Swydd Bresennol* ..... From/ *Ers* .....

Outline of Duties/ *Crynodeb o'r Dyletswyddau* .....

.....

Length of Notice Required/ *Y Rhybudd a ddisgwylir* .....

Will you be employed by anyone else whilst working for Cerecare? **Yes/No** \* Delete as appropriate

*A fyddwch yn gyflogedig gan rywun arall tra'n gweithio i Cerecare? **Byddaf/Na** \*Dileer fel sy'n berthnasol.*

If yes, how many hours per week will you be working for your other employer? .....

*Os atebwyd yn gadarnhaol, am sawl awr yr wythnos fyddwch chi'n gweithio i'r cyflogwr arall? .....*

If different from above, please give details of your other employer/ *Rhowch fanylion am y cyflogwr arall os yw'n wahanol i'r hyn a nodwyd*.....

.....

**Continuous Work History:**

**(please continue on a separate sheet if necessary)**

**Eich Cyflogaeth:**

**(parhaer ar ddalen arall os oes angen)**

**Please ensure that any gaps in your employment are documented.**

*Sicrhaer bod pob bwlch yn eich cyflogaeth wedi'i nodi.*

1. Date/ Dyddiad From/ O .....To Hyd at .....  
Employers Name & Address/ Enw a Chyfeiriad y Cyflogwr .....

Post/ Swydd ..... Duties/ Dyletswyddau .....

Reasons For Leaving/ Rheswm dros adael .....

2. Date/ Dyddiad From/ O .....To Hyd at .....  
Employers Name & Address/ Enw a Chyfeiriad y Cyflogwr .....

Post/ Swydd ..... Duties/ Dyletswyddau .....

Reasons For Leaving/ Rheswm dros adael .....

3. Date/ Dyddiad From/ O .....To Hyd at .....  
Employers Name & Address/ Enw a Chyfeiriad y Cyflogwr .....

Post/ Swydd ..... Duties/ Dyletswyddau .....

Reasons For Leaving/ Rheswm dros adael .....

4. Date/ Dyddiad From/ O .....To Hyd at .....  
Employers Name & Address/ Enw a Chyfeiriad y Cyflogwr .....

Post/ Swydd ..... Duties/ Dyletswyddau .....

Reasons For Leaving/ Rheswm dros adael .....

**Have you previously been subject to P.O.V.A investigation? Yes/No**

*A ydych wedi body n y sefyllfa o gael archwiliad POVA? Ydw/Na*

**Give Details/ Rhowch manylion**

**Have you previously been subject to disciplinary proceedings? Yes/No**

*A ydych wedi bod yn y sefyllfa o gael disgyblaeth gweithrediadau? Ydw/Na*

**Give Details / Rhowch manylion**

**Education and Qualification**

(please continue on a separate sheet if necessary)

**Addysg a Chymwysterau**

(parhaer ar ddalen arall os oes angen)

Date/ Dyddiad                      Exam/ Arholiad                      Grade/Qualification/ Gradd/Cymhwyster

.....  
.....  
.....  
.....  
.....

**If you have done this type of work before have you done any of the below:**

*Os ydych wedi gwneud y math hwn o waith yn y gorffennol, a oes gennych brofiad:*

Manual Handling/ Symud a Thrafod ..... Latest Date Attended/ Dyddiad .....

First Aid/CPR Cymorth Cyntaf CPR ..... Latest Date Attended/ Dyddiad .....

P.O.V.A/Child Protection P.O.V.A/Amddifyniad Plentyn..... Latest Date Attended/ Dyddiad .....

Food and Hygiene/ Bwyd a Hylendid ..... Latest Date Attended/ Dyddiad .....

**Please provide copies of certificate/s                      A allwch ddarpar copi o'ch tystysgrifau**

**Please Give Any Additional Information, Which May Support Your Application:**

**Rhowch unrhyw wybodaeth bellach a allai gefnogi eich cais:**

E.g. Relevant experience, training, hobbies and interests e.t.c

*E.e. Profiad perthnasol, hyfforddiant, diddordebau etc*

.....  
.....  
.....  
.....  
.....  
.....

Where did you hear about the job vacancy? *Ble glywoch am fanylion y gwaith?*.....

.....

Have you visited our website? Yes/No

*A ydych wedi ymweld a safle ar y we? Ydw/Na*

**MEDICAL HISTORY/ HANES MEDDYGOL**

Have you ever suffered from / A ydych wedi dioddef o:

Any serious physical illness? Yes/No A oes unrhiw salwch corfforol difrifol? Do/Naddo

Any mental illness or depression? Yes/No A oes unrhiw salwch meddyliol neu iselder difrifol? Do/Naddo

Any surgery which could affect work practice? Yes/No Llawdriniaeth a allai effeithio ar eich gwaith Do/Naddo

Any back/Shoulder/Neck/Wrist injury? Yes/No Unrhiw anafiad cefn, ysgwydda, gwddwg, neu garddwn? Do/Naddo

Epilepsy? Yes/No Ydych chi'n dioddef o epilepsi Do/Naddo

Please provide details of all serious illness's or operations (with dates)

Manylion am bob salwch difrifol neu lawdriniaeth (ynghyd â dyddiadau)

.....  
.....  
.....

Please provide date and result of last X-Ray (if applicable) .....

Dyddiad a chanlyniad y prawf Peledr X diweddaraf (yn gymwys)

**Dates of immunisations / Dyddiadau brechu**

**Please provide a copy of your immunisation record** showing that the necessary immunisations are current. It is particularly important to show that you are protected from **TB** and **Hepatitis B**.

*Darparer cofnod o'r brechiadau sy'n dangos bod y brechiadau angenrheidiol yn gyfredol. Mae'n holl-bwysig eich bod wedi eich gwarchod rhag TB a Hepatitis B*

Have you been off work through sickness this year? A gollwyd gwaith o achos salwch eleni? .....

If so, for what reason? / Am ba reswm? .....

.....  
.....

Can we contact your GP about any of the above? / A gawn ni gysylltu â'ch meddyg teulu am y pethau hyn? .....

Name and Address: Enw a cyfeiriad: .....

.....  
.....  
.....

Telephone Number: rhif ffôn: .....

## **ETHNIC ORIGIN CATEGORIES / CATEGORIAU TARDDIAD ETHNIG**

Ethnic origin questions are not about nationality, place of birth or citizenship. They are about colour and broad ethnic group. **This information is strictly confidential and will only be used to identify trends on the register.** Please note that we have taken this list from the categories to be used in the next Census. It is possible that the categories may change.

*Nid oes a wnelo cwestynau am darddiad ethnig â chenedligrwydd, man geni neu ddinasyddiaeth. Y mae a wnelont â lliw a grwp ethnig cyffredinol. Mae'r wybodaeth hon yn gwbl gyfrinachol ac fe'i defnyddir yn unig i ganfod tueddiadau ar y gofrestr. Noder ein bod wedi mabwysiadu'r categorïau a arddelir yn y Cyfrifiad nesaf. Mae'n bosibl y bydd y categorïau'n newid.*

### **What is your ethnic group? / Beth yw eich grwp ethnig?**

Choose **one** section from (a) to (e) then tick the appropriate box to indicate your cultural background.

*Gwneler un dewis o adran (a) i (e) a nodi yn y blwch priodol eich cefndir diwylliannol.*

<b>(a) White</b>	<b>(a) Gwyn</b>		<b>(d) Black or Black British (d) Du neu Ddu Brydeinig</b>	
British / Prydeinig	01	<input type="checkbox"/>	Caribbean/ Caribeaidd	12 <input type="checkbox"/>
Irish / Gwyddelig	02	<input type="checkbox"/>	African / Affricanaidd	13 <input type="checkbox"/>
Any other White background <i>Cefndir Gwyn arall</i>	03	<input type="checkbox"/>	Any other Black background <i>Cefndir Du arall</i>	14 <input type="checkbox"/>
<b>(b) Mixed</b>	<b>(b) Cymysg</b>		<b>(e) Chinese or other ethnic group</b>	
White and Black Caribbean <i>Gwyn a Du Caribî</i>	04	<input type="checkbox"/>	<b>(e) Tsineaidd neu gefndir ethnig arall</b>	
White and Black African <i>Gwyn a Du Affricanaidd</i>	05	<input type="checkbox"/>	Chinese <i>Tseineaidd</i>	15 <input type="checkbox"/>
White and Asian <i>Gwyn ac Asaidd</i>	06	<input type="checkbox"/>	Any other group <i>Grwp arall</i>	16 <input type="checkbox"/>
Any other Mixed background <i>Cefndir Cymysg arall</i>	07	<input type="checkbox"/>		
<b>(c) Asian or Asian British / (c) Asiaidd neu Asiaidd Brydeinig</b>				
Indian / Indiaidd	08	<input type="checkbox"/>		
Pakistani / Pacistanaidd	09	<input type="checkbox"/>		
Bangladeshi / Bangladeshaidd	10	<input type="checkbox"/>		
Any other Asian background <i>Cefndir Asiaidd arall</i>	11	<input type="checkbox"/>		

**AVAILABILITY/ AR GAEL**

Best time to contact / Amser gorau i gysylltu .....

What hours would you be available to work? / Pa oriau sy'n bosibl i chi? .....

When would you be able to begin work? Pryd allech chi gychwyn ? .....

**REFEREES / CANOLWYR**

Please provide the names, addresses and telephone numbers of three people who preferably hold positions within the field of care who are able to comment on your ability and work experience. With your current employer's consent a reference from your current place of work would be ideal. Your previous employer is also acceptable. Relatives are not acceptable referees or employees of Cerecare.

*Nodwch enwau, cyfeiriadau, a rhifau ffôn tair berson yn gweithio ym maes gofal, os yw'n bosibl, a allai sôn am eich gallu a'ch profiad gwaith. Gyda chaniatâd eich cyflogwr byddai geirda o'ch gweithle presennol yn dra derbyniol. Byddai gair gan eich cyflogwr diwethaf yn dderbyniol hefyd. Nid yw perthnasau'n ganolwyr derbyniol neu weithwyr Cerecare.*

**1. Previous Employer / Cynt Cyflogwr**

**2. Previous Employer / Cynt Cyflogwr**

1. Name/ Enw .....

2. Name/ Enw .....

Address/ Cyfeiriad .....

Address/ Cyfeiriad .....

.....

.....

.....

.....

Postcode/ Cod Post .....

Postcode/ Cod Post .....

Telephone No/ Ffôn .....

Telephone No/ Ffôn .....

**3. Character Reference / Tystlythyr Cymeriad**

1. Name/ Enw .....

Address/ Cyfeiriad .....

.....

.....

Postcode/ Cod Post .....

Telephone No/ Ffôn .....

## **CRIMINAL CONVICTIONS OR CAUTIONS / DEDFRYDAU TROSEDDOL NEU RYBUDDION**

Do you have any convictions/cautions against you? .....

*A ydych wedi derbyn dedfryd neu rybudd?*

Have you received any warnings? *A ydych wedi derbyn unrhiw rhybudd?* .....

If yes please give details / *Os felly, rhowch fanylion* .....

.....

.....

### **Rehabilitation of Offenders Act 1974 (Exceptions order 1975).**

Because you are applying to work in the homes of vulnerable people and you are offering a health & Social Care/Support service. We are obliged to ask you to fill out and apply for an enhanced Disclosure through the Criminal Record Bureau (CRB)

*Deddf Ailsefydlu Troseddwyr 1974 (Gorchymyn eithrio 1975)*

*Gan eich bod yn gwneud cais i weithio yng nghartrefi pobl agored i niwed ac yn cynnig gwasanaeth ym maes iechyd, rhai inni ofyn ichi lenwi Ffurflen Ddatgelu uwch (CRB)*

**PLEASE NOTE THAT CERECARE NURSING & DOMICILIARY SERVICES WILL NOT DISCRIMINATE AGAINST THE APPLICATION ON THE GROUNDS OF RACE, AGE, SEX, SEXUAL ORIENTATION OR DISABILITY.**

**NODER NA FYDD GWASANAETHAU NYRSIO A PHRESWYL CERECARE YN GWAHANIAETHU AR SAIL HIL, OED, RHYW, GOGWYDD RYWIOL NAC ANABLEDD.**

## **TERMS AND CONDITIONS OF AGREEMENT / TELERAU AC AMODAU'R CYTUNDEB**

1. I agree that the terms of employment arranged on my behalf by Cerecare Nursing and Domiciliary Services Ltd have been explained to me, I understand them and also the fact that Cerecare will be deducting National Insurance and Income Tax when applicable from my wages on a P.A.Y.E basis. My wages will be collected on my behalf from Service User/s by Cerecare and due to the postal and administrative delays will normally be paid one month in arrears.
1. *Cytunaf fod telerau'r gyflogaeth a drefnwyd ar fy rhan gan Wasanaethau Nysio a Phreswyl Cerecare wedi'u hegluro i mi; rwy'n eu deall ac yn deall yn ogystal y bydd Cerecare yn tynnu Yswiriant Cenedlaethol a Threth Incwm lle mae hynny'n briodol o'm cyflog ar sail P.A.Y.E. Caiff fy nghyflog ei gasglu ar fy rhan o'r cleientiaid gan Cerecare ac oherwydd oedi gan y gwasanaeth post a'r drefn weinyddol, fe'i telir fis mewn ôl-ddyled, fel rheol.*
2. I agree that under no circumstances will I accept an offer of employment from any other client to whom I have been sent without the knowledge of Cerecare Nursing and Domiciliary Services Ltd' Managing Director. Should this occur, I understand that 90 days must elapse between my resignation from Cerecare and my commencement of duty with that Service User or authority. Alternatively a placement fee equivalent to 90 days commission will be paid to Cerecare. This introductory fee would normally be paid by the Service User, but in the event of that Service User being unable or unwilling to meet this cost I understand that I would work 90 days notice to Cerecare or pay the introductory fee myself.
2. *Cytunaf na fyddaf dan unrhyw amgylchiadau'n derbyn cynnig o gyflogaeth gan yr un cleient yr wyf wedi fy nanfon ato yn ddiarwybod i Reolwr Gyfarwyddwr Gwasanaethau Nysio a Phreswyl Cerecare. Petai amgylchiadau fel hyn yn codi, deallaf fod rhaid wrth fwllch o 90 diwrnod rhwng ymadael â Cerecare a chychwyn fy nyletswyddau gyda'r cleient neu'r awdurdod hwnnw. Onide telir ffi gosodiad sef 90 diwrnod o gomisiwn i Cerecare. Fel rheol telid y ffi cyflwyno hwn gan y cleient, ond petai'r cleient yn methu â thalu neu'n anfodlon talu, deallaf y byddai rhaid imi weithio cyfnod rhybudd o 90 diwrnod i Cerecare neu dalu'r ffi cyflwyno fy hunan.*

**FINAL STATEMENT/ DATGANIAD TERFYNOL**

I declare that the information I have provided is accurate and complete and I understand that if I provide false, incomplete or inaccurate information, this may lead to the decision that my application cannot be considered, the withdrawal of a job offer or to my dismissal if I have been appointed.

*Yr wyf yn datgan bod y wybodaeth a roddais yn gywir ac yn gyflawn a deallaf os byddaf yn rhoi gwybodaeth anghywir, anghyflawn neu wallus y gall hynny arwain at benderfynu na ellir rhoi ystyriaeth I'm cais, tnnau cynnig swydd yn ôl new fy niswyddo os caf fy mhenodi..*

SIGNED / LLOFNOD ..... DATE / DYDDIAD .....

**For Office use only**

Interviewed by / Cyfwelwyd gan ..... Date / Dyddiad .....

Interviewed by / Cyfwelwyd gan ..... Date / Dyddiad .....

Date for telephone reference / Dyddiad am eirda dros y ffôn .....

Passport photograph received / Derbyniwyd llun pasbort .....

Police Check received / Derbyniwyd Chwiliad yr Heddlu .....

Date references sent for/ Dyddiad anfon am eirda .....

Date references received/ Dyddiad derbyn geirda .....

**All Information provided in this Application form is kept and stored in accordance with the Data Protection Act 1998.**

**Please return completed form to: Dychweler y ffurflen wedi'i chwblhau at:**

Cerecare Nursing and Domiciliary Services Ltd  
30 Bridge Street, Lampeter, Ceredigion, SA48 7AA.

**NOTES TAKEN AT INTERVIEW**  
*NODIADAU A WNAED YN Y CYFWELIAD*

**NAME OF EMPLOYEE:**

**AREA:**

Please fill out the times you are that you are available for.		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<b>Morning</b>	<b><u>Earliest Start Time</u></b>							
	<b>Latest finishing time</b>							
<b>Lunchtime</b>	<b>Earliest Start Time</b>							
	<b>Latest finishing time</b>							
<b>Afternoon</b>	<b>Earliest Start Time</b>							
	<b>Latest finishing time</b>							
<b>Evening</b>	<b>Earliest Start Time</b>							
	<b>Latest finishing time</b>							

**MAXIMUM HOURS YOU ARE PREPARED TO WORK EACH WEEK:**

**IF YOU HAVE A SECOND JOB PLEASE STATE HOW MANY HOURS YOU WORK PER WEEK IN THAT EMPLOYEMENT:**

**I Agree that the hours above will be my permanent work pattern with the company for the next 3 months. Thereafter any alterations are to be agreed by the office Management.**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_