# A close up of a sign Description automatically generated

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| **Our Ref** | **LAB.FH.0521** |
| **Closing Date** | **Ongoing** |
| **Post** | **Laundry Assistant BANK** |
| **Based At** | **Fold Ireland Dublin 11 and Dublin 15** |

# APPLICANT GUIDANCE NOTES

Please use these notes to assist you in completing your application

**Do not enclose CV’s; all sections of the document must be completed in black ink and capitals or typescript. Put your name on all additional sheets of paper and indicate the section of the application form to which they refer. Incomplete applications will be rejected.**

**Use the Job Description & Person Specification to assist you in assessing if you meet the criteria for this post. Criteria may be enhanced to facilitate shortlisting. The panel will shortlist only on the basis of the information provided**

**DISCLOSURE OF CRIMINAL CONVICTIONS: If you have indicated NO you are not required to return this form. However, if you have indicated YES you have a Criminal Conviction please complete the Confidential Enquiry Form and return in the envelope provided. ­**

## JOB RELATED INFORMATION

Anam Cara and Cherryfields are purpose built Housing-with-Care schemes providing accommodation and care services for frail, older people within a domestic type setting that enables individuals to maintain their daily living skills and continue with their chosen lifestyles.

The emphasis is on providing frail older people, and older people diagnosed with dementia, with a home of their own and then addressing the issues of care services around the individual. The concept of having ‘your own front door’ within a residential care setting enables staff to provide personal care that is discreet, sensitive and appropriate to the needs of the individual whilst at the same time adhering to the core values of privacy, dignity, choice, rights, independence, fulfillment, security, respect and equality. Care staff are available 24 hours daily to provide assistance with all personal care, housekeeping and other support requirements.

Job Title : Laundry Assistant BANK

Hours: As and when required

Salary : €12.48

**Essential Criteria:**

* Minimum 6 months experience working in a domestic capacity
* Good communication skills essential.

**CONFIDENTIAL (EXCEPTED POSTS)** A close up of a sign

Description automatically generated **APPLICATION FOR EMPLOYMENT**

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| --- | --- | --- | --- |
| **Post:** |  | **Reference No.** |  |
| **Closing Date:** |  | | |

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| **SECTION 1 – PERSONAL DETAILS** | | | | | | | | |
| Surname | |  | | | (Mr/Mrs/Miss/Ms) | | | |
| Forenames | |  | | | | | | |
| Address | |  | | | | | | |
|  | | | | | | | | |
| Telephone Numbers | | Home | Mobile | | | | | |
| E-mail Address |  | | | | | | | |
| PPS Number |  | | | | | | | |
| Do you have a clean, current driving licence? | | | | **YES** | | |  | | --- | |  | | **NO** | |  | | --- | |  | |
| Do you have access to a car or are able to fulfil the mobility requirements of the post? | | | | **YES** | | |  | | --- | |  | | **NO** | |  | | --- | |  | |

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| **SECTION 2 – HOW CAN WE HELP YOU (please tick 🗸)** | | | | | |
| **Would you like the information to be** | | | | | |
| **Large Print** | | | |  | | --- | |  | | **Electronic** | |  | | --- | |  | |
| **Audio** | | | |  | | --- | |  | | **Braille** | |  | | --- | |  | |
| **Other** | |  | | --- | |  |   **What you would like?** | | | | |
| **Do you need any reasonable adjustments/arrangements at interview?** | | | | | |
| **Yes** | | |  | | --- | |  |   **What do you need?** | | | |
| **No** | | |  | | --- | |  | | | | |

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| **SECTION 3 – ELIGIBILITY TO WORK IN IRELAND** | | | | |
| **Do you require a work permit/visa to work in Ireland?** | **YES** | |  | | --- | |  | | **NO** | |  | | --- | |  | |
| **If yes, do you hold a work permit/visa to work in Ireland?** | **YES** | |  | | --- | |  | | **NO** | |  | | --- | |  | |
| IF YES: State start/end dates and any restrictions that apply to this permit/visa - | | | | |
| IF NO: Explain Why – | | | | |

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| **SECTION 4 - EDUCATION AND QUALIFICATIONS** | | | |
| **Name of School/College/University: …………………………………………………**  Please provide evidence of qualifications if required as part of the essential criteria for the job | | | |
| **QUALIFICATIONS** | | | |
| **Qualification** | **Subject** | **Grade** | **Date Obtained** |
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| **Name of School/College/University: …………………………………………………**  Please provide evidence of qualifications if required as part of the essential criteria for the job | | | |
| **PROFESSIONAL QUALIFICATION** | | | |
| Awarding Body | Degree Of Membership | Date | Method of entry |
|  |  |  |  |

Continue on a separate sheet if necessary

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| --- | --- |
| **TRAINING** Please detail any relevant training courses you have attended | |
| **Training Course** | **Date** |
|  |  |
| **SECTION 5 - EMPLOYMENT** | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **1. PRESENT OR MOST RECENT EMPLOYMENT** | | | | | | | |
| Job Title: |  | | | | | | |
| Name of Company: |  | | | | | | |
| From Date: |  | | | | To Date: |  | |
| Address: |  | | | | | | |
| Telephone Number: |  | | | | | | |
| Brief outline of duties: |  | | | | | | |
| Why do you wish to leave your present position? | | | | | | | |
| What period of notice does you current employer require? | | | | | | | |
| Salary (including bonus): € | | | | Give date salary commenced: | | | |
| **FOLD values reliable attendance amongst its employees.**  **How many days have you been absent due to illness:** | | | | | | | |
| This year (last 12 Months) | | |  | | --- | |  | | Last year (previous 12 Months) | | | | |  | | --- | |  | |
| Please give details of above: | | | | | | | |

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| **2. PAST EMPLOYMENT (past 10 years or 6 posts whichever is greater)** | | | |
| Please tell us about other jobs you have had starting with the most recent job.  Please include periods of unemployment, unpaid placements and voluntary work. | | | |
| Name, address and business of employer | From  (date)  DD/MM/YY | To  (date)  DD/MM/YY | Job title, job responsibilities and the nature of duties |
|  |  |  |  |
| Continue on separate sheet if necessary | | | |

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| **SECTION 6 – ADDITIONAL INFORMATION** | |
| Use the advertisement, job description and any other material supplied to help you and provide details of your skills/abilities/experience/specialist knowledge etc that are relevant to this position. | |
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|  | Continue on separate sheet if necessary |

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| **SECTION 7 – REHABILITATION OF OFFENDERS (please tick 🗸):** | | | | |
| Have you ever been convicted of a criminal offence, spent or not? Or are there any charges outstanding? | **YES** | |  | | --- | |  | | **NO** | |  | | --- | |  | |
| **IF YES YOU MUST COMPLETE THE CONFIDENTIAL ENQUIRY FORM AND RETURN IT IN THE ENVELOPE PROVIDED.** | | | | |

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| **SECTION 8 – ARTICLE 31 (please tick 🗸):** | | | | |
| Are you related to any employee or Board Member of FOLD, or are you a previous employee? | **YES** | |  | | --- | |  | | **NO** | |  | | --- | |  | |
| If Yes, please state details (if appropriate) | | | | |
| Name: Relationship:  Location: Dates: | | | | |

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| **SECTION 9 - REFEREES** | | | | | | | | | |
| Please give the full names and addresses of 3 referees one of whom should be your present or most recent employer. **References from relatives will not be accepted.** | | | | | | | | | |
| **REFEREE 1** | | | | | | | | | |
| Full Name: |  | | | Job Title: | | | | | |
| **Relationship** (Please circle as appropriate)  **EMPLOYER/OTHER** (If other state relationship) …………………………………………. | | | | | | | | | |
| Address: | | Postcode: | | | | | | | |
| Telephone No. | |  | Mobile No. | |  | | | | |
| Fax Number | |  | E-mail | |  | | | | |
| **MAY WE CONTACT PRIOR TO INTERVIEW?**  **(please tick 🗸)** | | | | | | **YES** | |  | | --- | |  | | **NO** | |  | | --- | |  | |

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| **REFEREE 2** | | | | | | | | | |
| Full Name: |  | | | Job Title: | | | | | |
| **Relationship** (Please circle as appropriate)  **EMPLOYER/OTHER** (If other state relationship) …………………………………………. | | | | | | | | | |
| Address: | | Postcode: | | | | | | | |
| Telephone No. | |  | Mobile No. | |  | | | | |
| Fax Number | |  | E-mail | |  | | | | |
| **MAY WE CONTACT PRIOR TO INTERVIEW?**  **(please tick 🗸)** | | | | | | **YES** | |  | | --- | |  | | **NO** | |  | | --- | |  | |

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| **REFEREE 3** | | | | | | | | | |
| Full Name: |  | | | Job Title: | | | | | |
| **Relationship** (Please circle as appropriate)  **EMPLOYER/OTHER** (If other state relationship) …………………………………………. | | | | | | | | | |
| Address: | | Postcode: | | | | | | | |
| Telephone No. | |  | Mobile No. | |  | | | | |
| Fax Number | |  | E-mail | |  | | | | |
| **MAY WE CONTACT PRIOR TO INTERVIEW?**  **(please tick 🗸)** | | | | | | **YES** | |  | | --- | |  | | **NO** | |  | | --- | |  | |

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| Note: The employer reserves the right only to interview on the basis of information supplied on the application form by candidates who meet the criteria established for the post. Your application will be held in a manual filing system for three years following the closing date for applications. After this period your file will be destroyed in accordance with FOLD’s retention policy.  Warning: By completing and signing this application form you are consenting to the information above being held on you as outlined above. This information will not be disclosed to a third party unless required to do so under law. Any applicant found to have knowingly given false or inaccurate information or to have wilfully failed to disclose any relevant fact, will be excluded from the recruitment process or may be dismissed. Canvassing will disqualify. |

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| **SECTION 10 – DECLARATION** |
| I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organisations for furnishing such information.  I have read and understood the requirements and particulars of the appointment which have been supplied to me. I further understand that the job offer may be subject to the satisfactory outcome of references and/or a pre-employment health assessment and I consent to my doctor being approached for further information, including medical reports if the employer considers it necessary.  I further understand that a Garda check must be carried out before an offer of employment can be confirmed. This has been explained to me and I am aware that spent convictions may be disclosed. I declare that the information I have given is accurate and I consent to the check being made. |

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| **DECLARATION OF CONSENT** | |
| **Signature of Candidate:** | **…………………………………………………………………** |
| **Date of Signing:** | **………………………………………………………………….** |

Thank you for your application and the interest you have shown in FOLD Ireland. If you have any queries pertaining to this application, please contact The Human Resources Directorate at Ashtown Business Centre, Navan Road, Dublin 15 on 01 8852948

**This information will be removed from your application form prior to shortlisting**

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| **SECTION 11 - HEALTH CHECK QUESTIONNAIRE** | | |
| **Name:** | | |
| **Address:** | | |
| **Date of Birth:** | **Height:** | **Weight:** |
| **Doctors Name & Address:** | | |

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| **Have you ever suffered from any of the following (please give details below or indicate if Not Applicable (N/A))** | |
| Depression, anxiety state, nervous illness or breakdown? | |  | | --- | |  | |
| Epilepsy or disease of the nervous system? | |  | | --- | |  | |
| Ailment of the Lungs or chest? | |  | | --- | |  | |
| Spinal or back problems? | |  | | --- | |  | |
| Arthritis, rheumatism or gout etc? | |  | | --- | |  | |
| Illness of the digestive system? | |  | | --- | |  | |
| Illness of the kidneys, bladder, liver or glands? | |  | | --- | |  | |
| Diabetes? | |  | | --- | |  | |
| Skin Disorder? | |  | | --- | |  | |
| Major Accident, operation or physical defect? | |  | | --- | |  | |
| How many working days have you lost through illness in the last 12 months  Please give details ……………………………………………………..................... | |  | | --- | |  | |
| If you have answered yes to any of the above please give details below: | |

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| --- | --- | --- | --- | --- | --- | --- |
| Are you presently taking any medication or undergoing treatment | **YES** | |  | | --- | |  | | **NO** | |  | | --- | |  | |
| Has any insurance company declined to accept a proposal to insure your life | **YES** | |  | | --- | |  | | **NO** | |  | | --- | |  | |
| Have you been medically rejected for any appointment or position | **YES** | |  | | --- | |  | | **NO** | |  | | --- | |  | |
| Have you ever suffered from an industrial injury  If so when ………………………………………………………. | **YES** | |  | | --- | |  | | **NO** | |  | | --- | |  | |
| Have you now fully recovered | **YES** | |  | | --- | |  | | **NO** | |  | | --- | |  | |
| Additional Information | | | | |

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| **DISABILITY DISCRIMINATION ACT (DDA) 1995** | | | | |
| The DDA protects disabled people. This includes people with long term health conditions. If you tell us that you have a disability we can make reasonable adjustments to where you work and to your work arrangements, and at interview. | | | | |
| **Do you consider yourself to have a disability according to the terms of DDA** | | | | |
| **(please tick 🗸)** | **YES** | |  | | --- | |  | | **NO** | |  | | --- | |  | |

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| **Please tell us which of these best describes your disability (please tick 🗸)** | |
| Hearing Impairment | |  | | --- | |  | |
| Visual impairment (if not corrected by spectacles or contact lenses) | |  | | --- | |  | |
| Speech impairment | |  | | --- | |  | |
| Mobility impairment | |  | | --- | |  | |
| Physical co-ordination difficulties (includes problems of manual dexterity and of muscular control eg incontinence, epilepsy) | |  | | --- | |  | |
| Reduced physical capacity (includes debilitating pain and lack of strength, breath, energy or stamina eg from asthma, angina or diabetes) | |  | | --- | |  | |
| Severe disfigurement | |  | | --- | |  | |
| Learning Difficulties (where this is the mental ability to perceive the risk of danger) | |  | | --- | |  | |
| Mental illness (includes substantial and long lasting – more than one year) | |  | | --- | |  | |
| Other (please detail) ……………………………………………………………. | |  | | --- | |  | |

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| **Please read carefully before Signing** |
| * I declare that the answers given above are true and correct and give a full and complete picture of my health in every aspect. * I give FOLD permission to contact my Doctor for further particulars of my medical records should FOLD so decide. * I agree, if required, to undergo a medical. |

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| **Job Applied For:** |  |
| **Signed:** |  |
| **Dated:** |  |

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| --- | --- | --- |
| **Hr Use Only** | | |
| **Checked by HRA** |  | |
| **To be forwarded to Director/OHN** | **YES** | **NO** |
| **Approved** |  | |

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| **SECTION 12 - EQUAL OPPORTUNITIES POLICY** |

**FOLD IRELAND (HEREINAFTER REFERRED TO AS FOLD)**

**COMPANY OBJECTIVE**

FOLD is an Equal Opportunity Employer, committed to ensuring that the talents and resources of all our employees are utilised to the full. We will not discriminate unfairly against any individual in matters of recruitment or selection for any position, promotion, development or training, irrespective of: gender, marital or family status; race, ethnicity or colour; disability; religious or political opinion; sexual orientation; nationality or age.

In addition to the above FOLD will recognise its moral and social obligations to promote equality of opportunities within the communities in which it operates.

FOLD has established policies and procedures designed to promote equality of opportunity. These will be periodically reviewed to ensure that individuals continue to be selected, promoted or treated solely on the basis of merit and in accordance with the requirements of the job and the individual’s suitability to fill it.

FOLD provides facilities for any employee who believes that he or she has been treated unfairly within the scope of this policy to raise the matter through the normal grievance procedure.

**RESPONSIBILITIES**

The Chief Executive has a specific responsibility for the effective implementation of this policy. Each Director and Manager also have responsibilities and we expect all of our employees to abide by the policy and help create the equality environment which is its objective.

FOLD does not permit the display of flags, emblems, posters or other similar material, or the circulation of literature which may give offence or cause apprehension amongst particular groups of employees. Any attempt to display such will be regarded as serious misconduct and will result in disciplinary action.

**FAILURE TO COMPLY**

# Failure to comply with the policy will be regarded as serious misconduct which may lead to disciplinary action.

**FOLD IRELAND HOUSING ASSOCIATION**

**JOB DESCRIPTION**

**JOB TITLE:** LAUNDRY ASSISTANT BANK

ANAM CARA/CHERRYFIELDS HOUSING-WITH-CARE

**RESPONSIBLE TO:** SCHEME MANAGER/SENIOR CARE WORKER

**Main Responsibilities**

To contribute to the quality of life of Housing-with-Care residents by ensuring that residents' clothing and linen are maintained to a high standard.

**Summary of Duties**

1 To wash, dry and iron residents' clothing, linen and other items as required.

2 To adhere to the recommended water temperature guide for appropriate fabric, as per garment labels etc.

3 To check any items of laundry for dry cleaning only instructions.

4 To adhere to the recommended tumble drying/ironing instructions as per garment label.

5 To mend residents' clothing, linen etc as required.

6 To be aware of safety in carrying out laundry duties and advise the Manager of any apparent areas of risk for residents, staff and visitors.

7 To be responsible for carrying out specific tasks in accordance with FOLD's Health and Safety at Work policies.

8 To attend staff meetings and training activities, as required.

9 To ensure staff keep a safe environment around their work area, to report maintenance problems swiftly and to ensure their behaviour and actions do not endanger people or property.

All FOLD employees have a personal responsibility to promote and to support measures designed to create a working environment that is free from harassment or discrimination on the grounds of religion, community background, gender, marital status or disability.

This Job Description may be amended to facilitate changes in the better organisation of FOLD's activities and following consultation with the Job Holder. FOLD operates a 'No Smoking on the Premises Policy'

LAUNDRY ASSISTANT

## JOB SPECIFICATION

|  |  |  |  |
| --- | --- | --- | --- |
|  | **CRITERIA** | **Essential** | **Desirable** |
| **1.0** | **SKILLS AND ABILITIES** |  |  |
| **1.1** | Good oral communication skills | 🗸 |  |
| **1.2** | Hands-on care skills | 🗸 |  |
| **2.0** | EXPERIENCE AND EDUCATION |  |  |
| **2.1** | Good general education to Junior Certificate standard | 🗸 |  |
| **2.2** | Evidence of recent job training | 🗸 |  |
| **3.0** | KNOWLEDGE |  |  |
| **3.1** | Awareness of the needs of older people | 🗸 |  |
| **3.2** | COSHH awareness |  | 🗸 |
| **3.3** | Knowledge of Housing-With-Care / Community Care and associated policies and legislation | 🗸 |  |
| **3.4** | Knowledge of FOLD and its services |  | 🗸 |
| **4.0** | **PERSONAL QUALITIES** |  |  |
| **4.1** | Integrity | 🗸 |  |
| **4.2** | Empathy | 🗸 |  |
| **4.3** | Self-motivation | 🗸 |  |
| **4.4** | Sense of humour | 🗸 |  |
| **4.5** | Flexible | 🗸 |  |
| **4.6** | Good general health and mobility | 🗸 |  |
| **4.7** | Neat/tidy appearance | 🗸 |  |
| **4.8** | Out-going |  | 🗸 |