



Severn Ambulance & Medical Services

A Voluntary Organisation Serving the Community

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CQC Provider ID: 1-362861230

Registered Charity Number: 1150895

National Business Register: 2263819

SAF01 Application pack

Dear Applicant,

Thank you for your enquiry to become a member of Severn Ambulance & Medical Services.

Please find enclosed an application pack which includes:

- Job description and person specification
- Application form
- Occupational health form
- Disclosure and Barring Service check guidance notes
- Equal opportunities form
- Next of kin form

Please complete all forms as fully as possible. Once you have done this, please contact myself via the details below to arrange an informal interview. This will be an opportunity to obtain answers to any questions, and for you to get to know Severn Ambulance.

The position you have applied for requires the completion of an enhanced Criminal Records Bureau check. Severn Ambulance uses an online system to perform these checks. Please see the information within the pack on how to complete your CRB check.

Thank you once again for your interest in becoming a member of Severn Ambulance.

Yours Sincerely

Tim Moore
Chief Ambulance Officer

Job Description

Job title:	Ambulance staff
Responsible for:	Clinical position
Responsible to:	Chief Ambulance Officer/Duty officer
Job Purpose:	<p>To act as a member of an ambulance crew providing medical/ambulance cover at a wide range of events.</p> <p>To relieve the anxiety caused by and treat any symptoms presented by the patient.</p> <p>To monitor and stabilise the condition of the patient in the pre-hospital environment until care is handed over to the appropriate healthcare professional.</p>

Key responsibilities:

1. At the commencement of each shift to check that the allocated vehicle is equipped appropriately and is roadworthy, reporting any issues to the appropriate department.
2. To respond appropriately to all calls as requested by Severn Ambulance Control, Severn Ambulance event control, Great Western Ambulance Services EOC, event control, your duty officer, any member of the public.
3. To conduct a dynamic risk assessment of the scene, ensuring personal safety and that of the patient, reporting any adverse incident immediately to your duty officer, event organiser or EOC.
4. To provide clinical care incorporating your studied skills to the patient in the pre-hospital environment.
5. To provide care, support and advice to patients, relatives and, where appropriate, the general public.
6. To ensure the use of equipment and skills are in accordance with Severn Ambulance protocol and recorded appropriately.
7. To attend training and maintain skill levels.
8. Ensure own continuous development within your role.
9. To liaise effectively with line managers, healthcare professionals, social services and other emergency services when required by the patient/nature of the call.
10. Ensure that at the completion of a shift the vehicle and its equipment are clean and tidy.
11. Ensure own actions support equality and diversity for other staff and patients.
12. Ensure own actions enhance the quality environment as expected by Severn Ambulance and report any issues as appropriate.
13. Ensure all service documentation, where appropriate, is completed accurately.
14. Attend major incidents and mass casualty incidents as requested by the director of operations.
15. To ensure and maintain patient confidentiality at all times, in line with the Data Protection Act 1998.
16. To always act in the best interest of your patient.

Severn Ambulance aims to be a modern and equitable group. We recognise and encourage the potential of a diverse workforce, positively welcome all applicants and appoint on merit. We operate flexible working patterns within a non-smoking environment (appropriate facilities are available).

Every employer is required to provide safe and healthy working conditions for its employees, to ensure the safety of its equipment and premises and, so far as is reasonably practicable, to ensure that all those who may be affected by its operations, staff and public, are not exposed to risk to their health and safety. Severn Ambulance requires its staff to co-operate in establishing and maintaining safe and healthy working conditions and to avoid any action which may adversely affect the health, safety and welfare of others.

This job description is not exhaustive and is subject to review in the light of changing needs of the organisation. Any review of this job description will be undertaken in consulting with the post holder.

Personal Specification

Requirement	Essential	Desirable
Education/Qualification/Experience		
A full clean UK Driving Licence to be held for a minimum of 2 years.		•
C1 Licence or provisional C1 Licence		•
Over 18 Years of age	•	
Previous healthcare experience		•
Emergency Driving Qualification		•
Skills/Knowledge		
Previous first-aid knowledge		•
Personal attributes		
Ability to work under pressure	•	
Ability to work in emotive situations	•	
Physically fit to carry out job requirements	•	
Ability to actively listen	•	
Good verbal and written communication skills	•	
Diplomacy and tact	•	
Ability to work effectively as part of a team	•	

Application for the post of: Ambulance Clinical Staff

(Please print in blue or black ink)

Personal details

Surname: _____ Mr / Ms / Mrs / Mrs / Dr

Forenames: _____ Other Names: _____

Address: _____

_____ Post code: _____

Telephone number: (home) _____ (Work) _____

(mobile) _____ May we contact you at work? Yes / No

Date of birth: _____ Age: _____ E-mail: _____@_____

N.I. Number: _____

Are you a car owner? Yes / No

Do you hold a clean licence? Yes / No

Does your licence include category C1? Yes / No

Does your licence include category D1? Yes / No

Do you hold an Emergency Driving Qualification Yes / No

Do you require a work permit? Yes / No

Education and training

Schools attended	From	To	Qualifications (please state subject, levels, grades)	Year/s Obtained
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University/College/Institute/ Training Centre	From	To	Qualifications/Courses	Year/s Obtained
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Current Studies	From	To	Examination Details
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Additional Training – details of any specialist training not covered above.

Membership of professional bodies

Body: _____ Membership status: _____ Date: _____

Current or most recent employment

Position held: _____

Date appointed: _____

Address: _____

_____ Post code: _____

Summary of duties and responsibilities, including position in organisational structure, staff controlled, etc.

Previous employment over last 10 years and any NHS employment

Post held	Name and address of employer	From (mm/yy)	To (mm/yy)	Specific reason for leaving
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Medical information

On how many occasions have you been absent from work through sickness over the last two years?

Dates:
(approx)

Number of days:

Rehabilitation of offenders act

This post is not protected by the Rehabilitation of Offenders Act 1974. You are therefore required to disclose information about all convictions (whether spent or unspent), cautions, reprimands and final warnings, no matter when they occurred, or if they led to a conditional discharge. In the event of employment, failure to disclose all previous convictions (whether spent or unspent), cautions, reprimands, and final warnings, will result in dismissal. All information will be treated as strictly confidential and will only be taken into consideration when deemed strictly necessary.

Have you ever been convicted in a court of law? Yes / No

If Yes please provide full details in the space below, or under separate cover.

How did you learn about this post?

I declare that, to the best of my knowledge, the information given above is correct.

If appointed I understand that deliberate omissions, incorrect statements, or canvassing of members of the organisation in connection with this application could render me liable to dismissal.

Because of the sensitive nature of the duties of the post, I understand that a standard/enhanced disclosure will be sought in the event of a successful application.

I also understand that the declaration will include details of my criminal convictions, cautions, reprimands and final warnings *and any other information that may have a bearing on my suitability for the post (applicable to enhanced disclosures).*

Signed:

Date:

STRICTLY CONFIDENTIAL

Personal Information

Employee

Surname:

First name(s):

Next of kin or other appropriate person to be contacted in the event of an emergency

Surname: _____ Mr / Ms / Mrs / Mrs / Dr

Forenames: _____ Other Names: _____

Address: _____

_____ Post code: _____

Telephone number: (home) _____ (Work) _____

(mobile) _____ May we contact them at work? Yes / No

Relationship: _____

Optional

I do not wish to provide this information and understand the implications this may have should there be an emergency.

Signed:

Name:

Date:

Pre-Employment Risk Assessment Form

Organisation: Severn Ambulance
Department: Operational

Position applied for: Ambulance Clinical Staff
Location: Variable

This position may or will involve the following activities, hazards and exposures.

- Patient contact
- Exposures to potentially violent or aggressive behaviour
- Driving (except journeys to and from headquarters/ambulance station)
- Exposure prone procedures
- Contact with blood/body fluid/body tissue
- Manual handling/postural demands
- Other;
E.g. heights, confined spaces, night working, noise, on-call, working alone/unsupervised.

Health Declaration

In accordance with medical confidentiality your answers to the following questions will not be revealed to anyone without your permission.

If you answer **yes** to any question you must provide additional details in the space provided.

- | | Yes | No |
|---|------------|-----------|
| 1. Have you previously been employed by any NHS Trust? | | |
| 2. Have you previously been employed by any other voluntary ambulance/medical organisation? | | |
| 3. Have you ever retired on health grounds? | | |
| 4. Have you lost time from work/school due to illness in the last 12 months? | | |
| 5. Are you having medical treatment of any sort at the moment? | | |
| 6. Have you seen your doctor or any other health professional in the last 12 months? | | |
| 7. have you been to hospital for any test or treatment in the last 3 years, other than for minor problems or are you awaiting for any treatment or tests? | | |
| 8. during the last 6 months have you had a cough lasting more than 2 weeks or any unexplained weight loss? | | |
| 9. Have you ever tested positive to a blood virus such as Hepatitis B / C or HIV? | | |

Have you ever been treated for or suffered from any of the following?

- | | Yes | No |
|--|------------|-----------|
| 10. Mental illness , including anxiety, depression, eating disorders, alcohol abuse, drug abuse, emotional or psychological problems? | | |
| 11. Back or neck pain lasting more than two weeks or on more than two occasions? | | |
| 12. Musculo-Skeletal problems , such as arthritis, pains in the arms or legs? | | |
| 13. Skin problems , including eczema, dermatitis or allergies? | | |
| 14. Respiratory disorders , such as asthma, bronchitis, TB or respiratory allergen? | | |
| 15. Epilepsy , fits or episodes of unconsciousness? | | |
| 16. Diabetes? | | |

Do you suffer from or have you ever had any of the following?

- | | Yes | No |
|---|------------|-----------|
| 17. Eye disease (those not corrected by wearing lenses), including colour blindness? | | |
| 18. hearing or balance disorders? | | |
| 19. Work related allergies? E.g. latex, metals, chemicals, foods | | |
| 20. Ill effects from working night shifts? | | |
| 21. Heart problems? Including irregular heartbeat, high blood pressure, heart attack, heart valve disease, coronary artery disease or angina | | |
| 22. Stroke? Including Transient Ischaemic Attack and Cerebral Haemorrhage | | |

If you answered 'Yes' to any of the above, please give details below:

Please list any medications you are currently prescribed, or any over the counter medications you currently take:

Is there any other health information not covered above that you feel may be relevant to your role with the organisation?

Signed:

Name:

Date:

Disability Discrimination Act 1995

What is a disability?

A disability is defined as a physical or mental impairment, which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities. Where impairment stops having a substantial adverse effect on a persons ability to carry out day-to-day activities, it will be treated as continuing to have that effect if that effect is likely to recur. A long-term impairment is one, which has lasted, or can reasonably be expected to last, at least 12 months.

Disability:

Do you consider yourself to have a disability as defined by the Disability Discrimination Act 1995? Yes No

If yes, please give details:

Please read carefully before signing below

- I declare that the answers to the above are correct to the best of my knowledge.
- I understand that should I knowingly make a false statement regarding my medical history, in my answers above or wilfully conceal any material fact, that if employed, I may be liable to disciplinary action which could lead to dismissal.

Signed:

Name:

Date:

Disclosure and Barring Service Online Application - Guidance Notes

Please ensure you read ALL notes thoroughly before application

Go to <https://disclosure.mgcare.co.uk>

Click on 1. DBS (CRB) Application Form – “Start Application”

Enter Organisation reference - **SEVE1**

Enter Password - **seveone (this must be in lower case)**

Click “Enter” – The first page to appear will be the Statement of fair processing which will need to be ticked at the bottom of the page to confirm agreement.

The blank application will then appear.

If you are asked for one, **make sure you enter crb@severnambulance.org.uk as your contact email address!**

Complete application using the notes on the right hand side of the screen for guidance

Click in box to indicate consent

Click on “complete” and make a note of the unique form reference number

Exit

The Severn Ambulance Countersigning Officer will need to view your identification documents (of which copies will be stored on your personnel file following successful application), please see the identification guidance notes on the website having completed your application for the types of identification which are acceptable. We would however prefer to see a valid passport, photo card driving licence (both parts), and a utility bill. All should show the same personal details as you have provided.

Disclosure and Barring Service Self Declaration - Guidance Notes

Due to the nature of the organisation's membership, it is possible that members have recent enhanced CRB disclosures from other bodies, employers or organisations completed on a regular basis as part of their principal employment. To this end, those individuals who have a recent (less than 12 months) DBS disclosure to enhanced level will be provided the option to submit the original document and identity documents to verify. This declaration that the information on this DBS disclosure remains accurate and contemporary should be signed and provided together with the DBS disclosure. Depending on the disclosures identified, and the risk assessment of the Board, SAMS may at its discretion request a repeat CRB disclosure. This option of self-declaration is only be open to professionals who hold registration with a professional body (such as the Health Care Professions Council, Nursing and Midwifery Council or the General Medical Council). Professional members will be reminded of the probity issues that any non-disclosure or false declaration entails, and referral to the appropriate regulating body will be undertaken by the organisation should a discrepancy arise.

Members will require an updated Enhanced CRB every 3 calendar years.

Criminal Records

Applicants must complete a Disclosure and Barring Service Declaration Form for any post for which a DBS Disclosure Application Form has been completed. The post is exempt from the provisions of the Rehabilitation of Offenders Act 1974, consequently no conviction is considered spent and must be declared.

Applicants must complete either box A or box B overleaf.

The Appointing Officer must countersign the declaration and print their name.

Box A should be completed if the applicant has no convictions (spent or unspent), cautions, reprimands or final warnings.

Box B should be completed if the applicant has convictions (spent or unspent), cautions, reprimands or final warnings.

(If Box B is completed, Appointing Officers must then discuss any trace likely to appear on the selected applicant's disclosure. Please refer to the Council's Criminal Records Policy.

Retention of Information

Due to the restrictions imposed regarding the storage of disclosure information, the *original* of this form should be forwarded with the completed DBS Application Form to the Finance Directorate for processing.

The declaration will be kept for no longer than necessary and then destroyed following receipt of a CRB Disclosure and a recruitment decision being made. This is generally after a period of up to six months, to allow for the consideration and resolution of any disputes or complaints.

No copy should be taken or retained by the Appointing Officer.

Disclosure and Barring Service - Self Declaration

Full Name

Organisation Severn Ambulance

Position

Box A - Complete only if you have no convictions either spent or unspent cautions, reprimands, bind-overs and/or final warnings.

I CONFIRM I HAVE NO CONVICTIONS, CAUTIONS, REPRIMANDS, BIND-OVERS OR FINAL WARNINGS. I ALSO DECLARE THAT I AM NOT ON LIST 99, DISQUALIFIED FROM WORK WITH CHILDREN OR VULNERABLE ADULTS OR SUBJECT TO ANY OTHER SANCTIONS IMPOSED BY A REGULATORY BODY.

As applicant for the position I confirm that the details shown above are an accurate record of any criminal offences that may appear on my Criminal Records Disclosure and of the discussion held with the Appointing Officer.

Signature (Applicant):		Date:	
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Box B - Record below details of any and all convictions, spent or unspent, cautions, reprimands, bind-overs and/or final warnings that you may have to declare.

I CONFIRM I HAVE THE FOLLOWING CONVICTIONS, CAUTIONS, REPRIMANDS, BIND-OVERS, FINAL WARNINGS AND/OR SUBJECT TO THE FOLLOWING SANCTIONS IMPOSED BY A REGULATORY BODY.

As applicant for the position I confirm that the details shown above are an accurate record of any criminal offences that may appear on my Criminal Records Disclosure and of the discussion held with the Appointing Officer.

Signature (Applicant):		Date:	
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As Appointing Officer I have discussed with the applicant any details, as recorded above, that might appear on the applicant's Criminal Records Disclosure, in line with the County Council's Criminal Records Policy.

Name of Appointing Officer (Please print)		Position	
Email address		Telephone Number	
Signature		Date	