



## Camphill School Aberdeen

FOR CHILDREN AND YOUNG PEOPLE IN NEED OF SPECIAL CARE  
FOUNDED BY Dr. KARL KÖNIG

### Co-worker application pack

Please send original documents only.

This pack contains the following forms:

1. **Full Application Form**  
Complete and return the Application form as soon as possible.
2. Attaching a recent **passport photograph**.
3. **Rehabilitation Of Offenders Act Form**  
Complete and return with your Application.
4. **Hepatitis B Declaration**  
Please sign and date this form and remember to tell me whether you are vaccinated.

The following documents can be sent at a later date. Please send the **original** report by post:

5. **Medical Record Form**  
Take this form to your doctor. He/She should share any concerns that may influence your ability to work such as; drug addiction, psychological illness, back problems, allergies, eczema, asthma, epilepsy, or any other relevant medical information.
6. **Overseas Nationals:** Contact your Local Authority and request an up-to-date **Criminal Record Check at Enhanced Level as you will work with vulnerable children**. Remember to send the **original** medical report to our office. All Information will be kept confidential.

**UK applicants:** On arrival in the School you will be asked to join Disclosure Scotland's Protection of Vulnerable Groups Scheme (PVG).  
If you are already a member of **Disclosure Scotland's PVG Scheme, please provide your PVG Membership Number on the application form**. We will request Disclosure Scotland to process a PVG up-date for you. Any information will be kept confidential.

7. **Copies of any Qualification Certificate/s gained.**

**Send Application/Supporting Document by email to: [volunteering@crss.org.uk](mailto:volunteering@crss.org.uk)  
Then post original application and supporting documents to:**

**Recruitment Group  
Camphill School Aberdeen  
Murtle House, Bieldside, Aberdeen  
AB15 9EP**

# CO-WORKER APPLICATION FORM

## Camphill School Aberdeen

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Please send your application to:

The Co-worker Recruitment Group,  
Camphill School Aberdeen  
Murtle House, Bieldside,  
Aberdeen, Scotland, AB15 9EP  
E-mail: [volunteering@crss.org.uk](mailto:volunteering@crss.org.uk)

**PHOTO**

Please attach a recent  
passport sized  
photograph

## PERSONAL DETAILS

Mr/Mrs/Miss/Ms	Surname:	First Name:
Gender:	*Male / *Female	
Date of Birth:	Day      Month      Year	Age:
Nationality:		
Current Occupation:		
Marital Status:	Single <input type="checkbox"/> Married <input type="checkbox"/> Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>	
Do you have any children or Dependants	*No / * Yes	Please give details:
Street Address:	Home Address	Current Contact Address if living away from home:
Zip Code & Town		
Country		
Home Telephone Number:		
E-Mail Address:		
Identity Number or National Insurance No:		
UK Applicants Only: Scottish Social Services Number:		
Date of Registration:		
UK Applicants Only: Disclosure Scotland Number PVG Membership Number:		
Date Disclosure Issued:		

## LENGTH OF STAY

Preference will be given to those who commit themselves for One School Year.

Length of Stay (in months)

Entry Date (see website for entry date):

### COURSES

(**What's this?** You must choose one of the options below. Choose "One Year Foundation Course" unless you have applied for the "Diploma or BA in Curative Education".)

\*One Year Foundation Course

\*BA Degree Residential Child Care

### NAME TWO REFEREES

Please give details of two persons that have **known you for two years.** We will contact referees by email. Please name current or most recent employers/teachers/tutors/community leaders/Church or youth group leaders.

**Do not send any letters of reference from those you name below.**

**Do not name family members or personal friends as referees.**

Please enter all email addresses clearly – as we will contact your referee using this email address.

Please use <b>BLOCK CAPITALS</b>  Christian and Surname	Referee 1	Referee 2
Street Address: Zip Code & Town Country	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<b>Please Provide an email address for your referee</b>	<b>Email Address (Required)</b>	<b>Email Address (Required)</b>
Profession:		
Relationship:		

**EMPLOYMENT – Current**

Employer's Name and Address	Dates (From – To)	Job Title	Date of Leaving employment:
Notice Required:			

**EMPLOYMENT – Previous (most recent first)**

Employer's Name and Address	Dates (From – To)	Job Title	Date of Leaving employment:

**EDUCATION - Schools attended**

Dates (From – To)	Name and Address of School	Certificates Obtained Please include Grade/Pass Mark in English

**EDUCATION - Further Education**

Dates (From –to)	Name and Address of University/College	Full or Part-time	Qualification Gained (Enclose copy of award certificate)
			<b>Please name the subject that you study</b>

**Other Training or Short Courses** (e.g. First Aid, Mountain Rescue, Horse Riding, Computer Skills)

Dates (From – To)	Name Organising Body	Subjects Studied

**Personal Interests:**

Please give any interests or hobbies that you enjoy that you think will contribute to our work with children.

## NEXT OF KIN DETAILS

**(What's this?** Please give the details of the person we should contact in the event of an emergency.)

Name of Next of Kin:	
Street Address: Town: Country: Postcode/PLZ/ZIP Code:	
Home Telephone No:	
Relationship:	

<b>How did you hear about Camphill?</b>		
*From a Friend Name:	From the Internet   CRSS Web-Site   Link Please give details:	*From a Book Name of Book:
	Other – please detail	

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**DECLARATION**

I have read and understood the co-worker information and declare that the information I have given is correct.

I hereby give my consent to Camphill School Aberdeen to process this application (including all additional forms). I also agree to my application details being stored in any form including electronic media storage. My rights are protected by the General Data Protection Regulations 2018 and I have the right to access my personal information.

**SIGNED:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

**REASONS FOR APPLICATION**

Please write briefly why you want to work and live in Camphill School Aberdeen and care for children with special needs. Give any other information you consider relevant.

**How Well Do You Communicate In the English Language?**

*Very Well	*Well	*Basic Knowledge Only	*Poor
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How long have you studied the English language? \_\_\_\_\_ \*School or \*Higher Education Level?

# CO-WORKER - Medical Record Form

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Application Ref. No:

- 1. This form can be sent separately and does not need to be attached to your application.**
- 2. Your G.P. (family doctor) must complete this form.**

All co-worker volunteers, helpers, etc., who come to participate on our programme are required to have a medical report submitted by their General Practitioner (GP) certifying your health and fitness for the work with children in need of special care. Depending on where you live, your GP may charge you for this service.

Please ask your G. P. to complete and sign this form. Your G.P. may use his own form as long as the required information is noted and the original declaration is forwarded to Camphill-Rudolf Steiner-Schools (Aberdeen) prior to your arrival.

### Information to General Practitioner

The examination could include:

- A general physical examination;
- Tuberculosis screening;
- Communicable diseases;
- History of drug abuse, psychological illnesses if any;
- Information on medical problems, epilepsy, allergies, back pain etc, which may affect the applicant's performance or interfere with the health of the children with which he/she comes into contact.

The Camphill environment can be strenuous; there are no fixed hours of work. It is a 6-day week programme, which requires great physical and emotional stamina. One-to-one work with children, some physically disabled and others with challenging behaviour, may make demands upon the co-worker with which he or she has never had to deal with before. If you have any questions or concerns about the physical or emotional health of the applicant, or if there are any ongoing medical or psychological conditions, please explain below.

**Thank you for your co-operation.**

Name of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Comments:

Would the applicant have any special need of treatment whilst here?

Name: Dr. \_\_\_\_\_

Official Stamp:

Address: \_\_\_\_\_

Tel. No: \_\_\_\_\_

Date of Report: \_\_\_\_\_



# CO-WORKER - Hepatitis B Declaration Form

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Application Ref. No:

3. This form can be sent separately and does not need to be attached to your application.
4. You should read this form carefully and choose the option which applies to you.
5. Don't forget to sign and date the form

Hepatitis B is a liver infection, which can be transmitted through blood-to-blood contacts and through sexual transmission but has also, on rare occasions, followed bites from infected persons. Also living closely with someone who is a carrier of Hepatitis B carries a risk of infection. As Hepatitis B can be a serious, life-threatening illness, people at risk are generally immunised against the infection. It has been recognised that staff and clients of residential accommodation for the mentally handicapped are a risk group for Hepatitis B and in most institutions staff are immunised.

You can protect yourself against hepatitis in three ways.

Take care with handling blood or bloodstained body fluids and using plastic gloves.

Passive immunisation can be offered with immunoglobulin after an incident: this is an injection and has to be given as soon as possible after exposure to infected blood or body fluid. It will protect a person for a limited period.

Active immunisation consists of three injections given at certain intervals. (Second injection after one month and the third after 6 months). The process of injections can also be given at one month, 2 months, 3 months and 12 months. This is to be advised for co-workers who come to work in the Schools. After the third injection a blood test is required to test if a person has responded to the immunisation. It is known that between 5-15% of healthy individuals do not respond to the active immunisation.

Given the statistically higher prevalence of Hepatitis B in special schools, the official guidelines from the Department of Health are to recommend active immunisation to co-workers and to offer it to pupils depending on the local circumstances.

New co-workers who come to the Camphill Rudolf Steiner Schools are strongly advised to take up the immunisation for Hepatitis B. It is advisable to contact your GP in order to start the course of injections as soon as possible and ask your GP for the accelerated course.

If you do not wish to be immunised please return the attached reply slip.

Best wishes,

Dr S Geider

## HEPATITIS B IMMUNISATION DECLARATION

**Please delete as appropriate**

\*I do not wish to be immunised against Hepatitis B

\*I would like immunisation against Hepatitis B

\*I am already immunised against Hepatitis B

Print Name: .....

Signature: ..... Date: .....

**REHABILITATION OF OFFENDERS ACT 1974**

Overseas Nationals must also forward a Criminal Record Check (original Document), which you should request from your Local Police Authority.

PLEASE LIST ALL ADDRESSES YOU HAVE LIVED AT SINCE YOUR **16<sup>th</sup>** BIRTHDAY. This is to include all travel undertaken in the last three (3) years where you lived away from your normal residence for more than three (3) months.

**Although certain convictions can be considered as 'spent' after the elapse of a number of years we ask that you disclose all convictions regardless of the nature of the conviction.**

Complete all of the following information and sign and date this form at the bottom.

Title:		Surname:		Forenames:	
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Date of Birth:		Place of Birth:		Maiden Name: (where applicable)	
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No	Street	Town	Region/County	Postcode	Year from	Year to

\*Continue overleaf if necessary

Please describe any/all offences in the box below. Include offence, date and sentence.

Write **"none"** if you have no convictions. **Do not leave this box empty.**

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\*Continue overleaf if necessary

Signed:	Date:
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