NURSING AND HEALTHCARE PORTFOLIO

SALLY GORDON
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(1100769)

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SECTION ONE

C.V

CURRICULUM VITAE

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PERSONAL PROFILE :

I believe this job is perfect for me as i am a motivated and communicative person who is punctual and reliable, with a good ability to interact well with people of all ages and ethnic or religious backgrounds I am able to empathise with other people and work well in a team as well as individually and like to be as helpful and friendly as possible at all times .I am a caring soul and am used to busy environments and challenging situations. I also have a good ability to multitask. I am resourceful and organised . I am calm in a crisis, and patient and helpful with people. I really enjoy supporting other people and helping them to reach their goals whether they be large or small and to help build their confidence by achieving the upmost in life .I think it is extremely important to encourage people to strive to make the most of their individual qualities and recognise all achievements, as small steps can reach large mountains .I am currently studying nursing and healthcare two day's a week at Trinity St David's . And I plan on finishing my degree in Health and Social care .I have experience in rehabilitation and help a family member achieve his goals to the best of his abilities after he suffered a spinal cord injury and traumatic brain injury and now 2 years on he is independent and has a good quality of life which I feel is so important .People need support and care in our community and kindness and understanding goes a long way .I am also keen to undertake any training offered and to learn new skills . I have experience of dealing with personal care and again I am keen for any opportunities of extra training wherever possible .

WORK HISTORY:

2016-PRESENT DAY :LLANFAIR GRANGE RESIDENTIAL HOME -CATERING ASSISTANT

2015-2016: BOUYGUES U.K - Administrator

2014-2015: Bouygues U .K - Grill chef, Caterer, Ceramicist – self- employed

2013-2014: Charcroft Electronics – Administrative assistant

2010-2012: Turbine Technologies Ltd. (T.T.L) Electro- Technical engineer - Self-employed

2005-2010: Turbine Technologies Ltd. (T.T.L) Supervising Electro-Technical Engineer - Employed

2003-Present day: Potter/Ceramicist - Self employed

2003-2005: Cleaning and Garden maintenance

2003-2005: Amanda`s Flower Shop -Shop Assistant

1992-1995: Llandovery Youth Club-Youth leader

EDUCATION AND QUALIFICATIONS:

2018:PRESENT DAY :NURSING AND HEALTHCARE .TRINITY ST DAVID'S UNIVERSITY , CARMARTHEN

2016-2019: Llanfair Grange training certificates. Fire training, Managing challenging behaviour ,Nutrition and Wellbeing , Pressure ulcer prevention ,Dementia care for managers and supervisors , Emergency first aid in the care home , Adult abuse basic awareness, Moving and handling theory, Moving and handling practical, Moving and handling assessments induction ,Food health and safety in the care home , Infection prevention and control in the care home, Emergency first aid awareness ,Dementia care in the care home.

2013: basic I.T course

2011-2012: College studies

HSE Emergency First Aid at work, Food Safety in Catering(level 2), I.T Computer basics

Induction to care sector level 2,Communication and interpersonal skills ,Safe working practices, Principles of care, Client needs, Abuse induction program ,

1997-2001: Lampeter University (access course) 22 credits

I.T skills, Research skills, Anthropology, Geology, Psychology, Key skills

1992-1995: Youth club

City and Guilds in youth leadership

1983-1988: Pantycelyn High School: 8 G.C.S.Es

Religious studies, Art + Design, English Literature, English,

Science, Welsh, Mathematics, History

EXPERIENCE :

I have experience of working in a youth club helping to organise all of the young people.

I have experience of working at a residential /care home being among adults of varying ages and with various needs . I help to provide all of their meals and support them with any particular problems they may have . The residents have many various physical and mental illnesses and I provide support where ever possible ,be it by talking or by helping with simple tasks . Monitoring their health and reporting any problems to the manager or senior members of staff.

I do have personal experience of being a carer of a family member who has a spinal cord injury and suffered a Traumatic brain injury , and I have helped to rehabilitate him back to an independent level .Helping with personal care and taking him to any appointments and

physio sessions and day trips as needed and giving my full support throughout the traumatic period in his life, helping him to progress to his full abilities . I spent 10 months in various hospitals and neuro rehabilitation units ,and then helped to rehabilitate him to the point of being able to walk short distances with sticks ,over a two year period . I know have very good knowledge of spinal cord injury and traumatic brain injury .

I also have experience of working as a supervisor for 7 years at a local electro-technical factory .Where I worked on helicopter air starter units helping to maintain and repair the gas turbine engines and also worked with small components making the batteries for flares from first specifications to the end product, which involved a lot of soldering and wiring and machine work, also I filed invoices and checked packages coming in and out of the factory and stock checks.

I have worked as an administrative assistant in an electrical components firm dealing with clients from all over the world .Creating and typing up quotes and invoices making sure all of the client information was correct and that all the customer's needs were met , typing up invoices and dealing with foreign currencies also checking invoices ,checking the correct part numbers ,dealing with the salespersons needs and checking the details were correct including the certificates of conformity Being on a switchboard and dealing with customers on a first port of call basis ,filing and spreadsheets and all work related to admin in a sales office team

I also have 15 years experience of being a ceramicist working on a self-employed basis at times over the years and selling my products in local shops.

I worked on as a grill chef on a construction site for over 200 workers. I did all of the cooking, preparation, till work, all of the food orders, banking E.T.C.

I also worked on a local school construction site as an admin assistant so have experience working with the local authority and their officers. Admin tasks associated with a busy construction site, e.g logging all new operatives and visitors E.T.C .checking C.S.C.S cards and using viewpoint construction software.

SKILLS AND ACHIEVEMENTS:

Currently studying Nursing and Healthcare

Experience at residential home

Experience of supporting and being a carer to a loved one through spinal cord and traumatic brain injury

Catering experience

Mother of 4 now adult children

Youth club experience

Driving Licence and own vehicle

Supervisor in previous employment

Administrative assistant experience

Self Employed Ceramicist

Great people skills

HOBBIES:

Pottery/Ceramics, Art, Reading, Rambling, Music, Films, Nature, Studying ,Gardening, Research

References available upon request

Agored Cymru

Hyn sydd i dystio bod / This is to certify that

Sally Jane Gordon

wedi cyflawni / has achieved

3 credyd ar Lefel Dau / Credits at Level Two

ar gyfer or enw / on a course entitled

Induction

a ddarparwyd gan / provided by

Coleg Sir Gâr

Uned Unit Cod Unit Code PASSWORT PASSPORT

Teitl yr Uned Unit Title

Undeb a Gyflawnwyd / Units achieved

Induction Award For The Care Sector

Dau / Two 3 Credyd(au) Credit(s) Lefel Level

SECTION TWO
PERSONAL STATEMENT

Sally Gordon 1100769 Workplace practice

Personal Statement

After spending most of my life rearing four children and being a working mother the time came that I was at a crossroads .The children had fled the nest and my family home was being sold and the time had come for change .Leading up to that time I had been working in various different jobs throughout the years and most recently in a residential nursing home as a kitchen assistant which had my eyes opened to the many different stages of illnesses in a person's life including dementia ,schizophrenia ,cancer and diabetes and seen how very difficult it is when a person loses their faculties or cant manage to live alone anymore and how it effects the families involved .Also how difficult it is for the healthcare system with such an aging population and the financial cuts involved . I have always been an empathetic person so found it quite heart wrenching to witness . It was at this period in my life that I was thinking about the future and a career path for myself .

At this point also a big life changing tragedy happened as a loved One suffered a road traffic accident causing him to break his neck and back in five places and to suffer a traumatic brain injury leading him to be a quadriplegic with spinal cord damage and Traumatic Brain Injury .This blew my world apart . I then spent one month in intensive care with him while he was in a coma and on life support seeing for myself what an incredible job the nurses do and then four months in Gloucester hospital again watching what an amazing job the health care assistants do given the lack of resources and understaffing problems and how much pressure they are under ,and then I went on to spend five more months visiting him at a brain trauma rehabilitation centre . Then when he came out of hospital I became his carer as he slowly regained more and more movement and became more and more independent to the point that I realised that I wanted to and was capable and competent to be within the healthcare sector and this is what shaped my decision to enrol as a student in nursing and healthcare .I now know that this is the career path that I should follow as I have seen so very much and learnt so much that I know that this is my path and this is what motivates me .

I plan to continue with my studies and find a job within the health sector .I currently am still working part time at the care home and am also applying for jobs within the NHS and as a support worker within the community .Although I do feel like I have the training needed now from personal experience I know that I need more training to be able to reach my goal, so I plan to take every training opportunity given to me .

I have previously been to college and completed an access to healthcare sector course as well as having a city and guilds in youth leadership also eight GCSE's and certificates from Lampeter university where I studied an access course and much life experience .

I have many hobbies and am very creative ,I am a ceramicist and am self employed in that area with my own workshop and I sell my pieces in craft stalls and shops .I love reading and researching and walking , cinema and music .

I feel I have a lot to offer the role as a healthcare worker or support worker as I am patient , dedicated , understanding of service users and their families difficulties and I am a competent , punctual hard worker .I believe it is essential to be professional and I work well

as a team member .I have a good ability to multitask ,efficient and a good problem solver . I am kind and a caring person and want to help people to reach the best of their abilities .I think working within the healthcare environment will be a very satisfying role and am very much looking forward to achieving that position .I have also recently started my application of number online course as every opportunity for further training or learning are essential to me .I am also looking to do some training and work with Trinity Healthcare Services and hope to get some work with them in the future .

SECTION THREE NON ACADEMIC KNOWLEDGE OF SPINAL CORD INJURY AND TRAUMATIC BRAIN INJURY

Experiences with spinal cord injury and Traumatic brain injury.

I have had quite an experience and I have a lot of knowledge in this area and feel that I should use this knowledge in my future work .A loved one suffered a road traffic accident and sustained serious injuries .He had a Glasgow score index of 8.He was on life support .He suffered fractures to T1 , C 2,5,6,7 of his spine and compressed cord at C6 level which left him quadriplegic .He also suffered a complex left orbital fracture and Traumatic brain injury . I therefore spent one month in the intensive care unit while he was in a coma and then four months in Gloucester royal hospital and then a further five and a half months with him at a Brain injury rehabilitation unit .After spending so much time in the hospitals and seeing a person go from the edge of death to slowly but surely making movements and coming back to life movement by movement ,dealing with confabulation for months and no more than one minutes memory for months and the aggressiveness and fear of the person and spoon feeding and trying to stop him pulling wires out etc and spending so much time in a neuro ward and helping with daily care ,and encouragement I learnt a lot .I also researched constantly so I have quite extensive knowledge in both of these areas now .I then became my loved ones carer and helped to rehabilitate him from home to a level of progress whereby he can walk short distances with sticks .Throughout this I had to learn about bladder and bowel management ,skin management , dietary needs, medicinal needs, the rehabilitation process ,all that is involved with being a carer to a person with such devastating injuries and I therefore know the implications it has not only for the person who has had the trauma but for the loved ones and friends surrounding the loved one .I feel with all of the knowledge I have I would like to put it to good use by helping other people and families in such a crisis.

World Health Organization

Spinal cord injury

19 November 2013

Key facts

- **Every year, around the world, between 250 000 and 500 000 people suffer a spinal cord injury (SCI).**
- **The majority of spinal cord injuries are due to preventable causes such as road traffic crashes, falls or violence.**
- **People with a spinal cord injury are two to five times more likely to die prematurely than people without a spinal cord injury, with worse survival rates in low- and middle-income countries.**
- **Spinal cord injury is associated with lower rates of school enrollment and economic participation, and it carries substantial individual and societal costs.**

The term 'spinal cord injury' refers to damage to the spinal cord resulting from trauma (e.g. a car crash) or from disease or degeneration (e.g. cancer). There is no reliable estimate of global prevalence, but estimated annual global incidence is 40 to 80 cases per million population. Up to 90% of these cases are due to traumatic causes, though the proportion of non-traumatic spinal cord injury appears to be growing.

Symptoms of spinal cord injury depend on the severity of injury and its location on the spinal cord. Symptoms may include partial or complete loss of sensory function or motor control of arms, legs and/or body. The most severe spinal cord injury affects the systems that regulate bowel or bladder control, breathing, heart rate and blood pressure. Most people with spinal cord injury experience chronic pain.

Demographic trends

Males are most at risk in young adulthood (20-29 years) and older age (70+). Females are most at risk in adolescence (15-19) and older age (60+). Studies report male-to-female ratios of at least 2:1 among adults, sometimes much higher.

Mortality

Mortality risk is highest in the first year after injury and remains high compared to the general population. People with spinal cord injury are 2 to 5 times more likely to die prematurely than people without SCI.

Mortality risk increases with injury level and severity and is strongly influenced by availability of timely, quality medical care. Transfer method to hospital after injury and time to hospital admission are important factors.

Preventable secondary conditions (e.g. infections from untreated pressure ulcers) are no longer among the leading causes of death of people with spinal cord injury in high-income countries, but these conditions remain the main causes of death of people with spinal cord injury in low-income countries.

Health, economic and social consequences

Spinal cord injury is associated with a risk of developing secondary conditions that can be debilitating and even life-threatening—e.g. deep vein thrombosis, urinary tract infections, muscle spasms, osteoporosis, pressure ulcers, chronic pain, and respiratory complications. Acute care, rehabilitation services and ongoing health maintenance are essential for prevention and management of these conditions.

Spinal cord injury may render a person dependent on caregivers. Assistive technology is often required to facilitate mobility, communication, self-care or domestic activities. An estimated 20-30% of people with spinal cord injury show clinically significant signs of depression, which in turn has a negative impact on improvements in functioning and overall health.

Misconceptions, negative attitudes and physical barriers to basic mobility result in the exclusion of many people from full participation in society. Children with spinal cord injury are less likely than their peers to start school, and once enrolled, less likely to advance. Adults with spinal cord injury face similar barriers to economic participation, with a global unemployment rate of more than 60%.

Existing data do not allow for global cost estimates of spinal cord injury, but they do offer a general picture.

- **The level and severity of the injury have an important influence on costs--injuries higher up on the spinal cord (e.g. tetraplegia vs. paraplegia) incur higher costs.**
- **Direct costs are highest in the first year after spinal cord injury onset and then decrease significantly over time.**
- **Indirect costs, in particular lost earnings, often exceed direct costs.**
- **Much of the cost is borne by people with spinal cord injury.**
- **Costs of spinal cord injury are higher than those of comparable conditions such as dementia, multiple sclerosis and cerebral palsy.**

Prevention

The leading causes of spinal cord injury are road traffic crashes, falls and violence (including attempted suicide). A significant proportion of traumatic spinal cord injury is due to work or sports-related injuries. Effective interventions are available to prevent several of the main causes of spinal cord injury, including improvements in roads, vehicles and people's behaviour on the roads to avoid road traffic crashes, window guards to prevent falls, and policies to thwart the harmful use of alcohol and access to firearms to reduce violence.

Improving care and overcoming barriers

Many of the consequences associated with spinal cord injury do not result from the condition itself, but from inadequate medical care and rehabilitation services, and from barriers in the physical, social and policy environments.

Implementation of the UN Convention on the Rights of Persons with Disabilities (CRPD) requires action to address these gaps and barriers.

Essential measures for improving the survival, health and participation of people with spinal cord injury include the following.

- **Timely, appropriate pre-hospital management: quick recognition of suspected spinal cord injury, rapid evaluation and initiation of injury management, including immobilization of the spine.**
- **Acute care (including surgical intervention) appropriate to the type and severity of injury, degree of instability, presence of neural compression, and in accordance with the wishes of the patient and their family.**
- **Access to ongoing health care, health education and products (e.g. catheters) to reduce risk of secondary conditions and improve quality of life.**
- **Access to skilled rehabilitation and mental health services to maximize functioning, independence, overall wellbeing and community integration. Management of bladder and bowel function is of primary importance.**
- **Access to appropriate assistive devices that can enable people to perform everyday activities they would not otherwise be able to undertake, reducing functional limitations and dependency. Only 5-15% of people in low- and middle-income countries have access to the assistive devices they need.**
- **Specialized knowledge and skills among providers of medical care and rehabilitation services.**

Essential measures to secure the right to education and economic participation include legislation, policy and programmes that promote the following:

- **physically accessible homes, schools, workplaces, hospitals and transportation;**
- **inclusive education;**
- **elimination of discrimination in employment and educational settings;**
- **Vocational rehabilitation to optimize the chance of employment;**
- **micro-finance and other forms of self-employment benefits to support alternative forms of economic self-sufficiency;**
- **access to social support payments that do not act as disincentive to return to work; and**

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Partner relationships, functioning, mood and global quality of life in persons with spinal cord injury and traumatic brain injury

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The aim of this study was to assess and compare spinal cord injured (SCI) and traumatic brain injured (TBI) persons and people from the general population concerning partner relationships, functioning, mood and global quality of life.

One hundred and sixty seven SCI persons, 92 TBI persons and 264 controls participated in the study. The median age was: SCI persons 33 years (range 19 to 79 years), TBI persons 40 years (range 20 to 70 years), and controls 31 years (range 19 to 79 years). Age at injury ranged among SCI persons from 14 to 76 years (Md 28 years), and among TBI persons from 16 to 56 years (Md 32 years).

Half of the SCI group (51%), 58% of the TBI group and 59% of the controls had a stable partner relationship at the time of the investigation. Many of these SCI and TBI relationships (38% and 55% respectively) were established after injury. Both SCI and TBI persons showed significantly more depressive feelings compared with the controls. Perceived quality of life (global QL rating) was significantly lower in the SCI group compared with the controls, whereas the ratings of TBI persons and controls did not differ significantly.

SCI and TBI persons did not differ significantly in level of education, perceived quality of life or distress. In all three groups, global quality-of-life ratings were significantly lower among single persons compared to those with a partner relationship.

It was concluded that both SCI and TBI appear to affect overall quality of life and mental well-being negatively. The number of partner relationships contracted after injury among both SCI and TBI persons indicates, however, that the injury is not a major barrier to establishing close partner relationships.

Being in good spirits, that is, lack of depressive feelings has a profound impact on the perception of a high quality of life in all three groups. For the SCI and TBI persons, a high level of physical and social independence were further positive determinants of a perceived high quality of life.

Keywords: spinal cord injuries; traumatic brain injuries; sexuality; partner relationship; divorce; functioning

Introduction

Spinal cord injury (SCI) and traumatic brain injury (TBI) occur suddenly, primarily to young people, and result in different degrees of impairment. Both severe SCI and TBI cause drastic changes in the life of the injured person. There is, however, a fundamental difference between these two disabilities. In SCI the implications are mostly physical, whereas in TBI changes in personality and behaviour are common in addition to the physical limitations.[1–5]

Living with a disability, such as an SCI or TBI, is not only a major inconvenience but it may also reduce the injured person's options. Research on attitudes toward persons with disabilities has shown that persons tend to reject close and intimate relationships with disabled people.[6] Thus, a physical disability may be handicapping not because it imposes actual limitations but because it interferes with social relations or is in conflict with the individual's value system. Psychosocial problems such as impaired body image, lowered self-esteem, and feelings of inadequacy may pose barriers to social relationships. A lack of community access and appropriate opportunities to meet potential partners, along with reduced social skills, may also interfere with the expression of sexuality. The physical losses of mobility and sensation, and society's preference of the 'perfect

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body', may limit the injured person's opportunities to meet and attract a new partner.

The trauma may also place a great strain on the non-injured partner in an existing relationship. The results of the studies carried out on the divorce rate among SCI and TBI persons are not consistent.[7–11] El Ghatit and Hanson[8] showed that divorce rates were no higher for their sample of SCI persons than for the general population. DeVivo and Fine[9] examined the influence of SCI on the marital status of 276 injured persons in the United States for a period of 3 years after injury and found that their sample had fewer marriages and more divorces during that period than would be predicted by population base rates. They also found that women with SCI were more likely to be divorced than men. In a later study they showed that the impact of SCI appeared to be almost as great on postinjury marriages as it is on pre-existing marriages.[12] Concerning TBI persons, Walker[11] found that only 11% of a group of heterogeneous brain-damaged persons had divorced. Panting and Merry[10] reported that 40% of the severely brain-damaged persons became divorced after injury. It has been suggested that the change in marital status among TBI persons is related to the continuing changes and challenges of living with the disabilities.[4,13,14] Persons with TBI are exposed to prolonged distress and stress that appear to be related more to the daily coping with the disability than to the severity of the initial injury.[15] In one of the longest follow-up studies, undertaken 10–15 years after the brain injury, the author found that the psychosocial sequelae presented the most serious problem.[16] There were permanent changes in personality and emotion and these were especially frequent among the youngest TBI persons.

One study focusing on the wives' experience compared the two disability types with a control group of non-disabled couples. Compared with the wives of SCI persons, wives of brain-damaged persons experienced drastically disturbing changes in their lives as a result of the TBI. The differences between the two disability types were in the following areas: the wives of TBI persons reported their husbands to be more self-oriented, and display childish dependency as compared with the wives of the spinal cord injured men.[17]

Quality of life (QL) is a composite variable that refers to an individual's subjective overall satisfaction with life. Factors that may influence QL are physical, psychological and emotional functions, ability to work and to perform leisure activities, and relations with other people and society.[18,19] We found in earlier studies[20,21] that the SCI person's mental well-being improved to the extent that it almost corresponded to that of the normal population 4 years after injury. Perceived QL was, however, on average 25% lower compared with a reference group.[20] Quality of life, perceived by the SCI person through a global rating, was closely related to sexual adjustment.[22] Furthermore, young age, a high level of social activity and gainful employment were closely associated with perceived high QL.[23] Severe pain was the only medical complication that related to lower QL scores.[20] Level or extent of injury was not related to perceived QL, which is consistent with the study of Cushman and Haslett,[24] undertaken 10 and 15 years after the injury. The large British study by Whiteneck and colleagues[25] showed that the level of the lesion did not predict life-satisfaction nor well-being.

A study on long-term quality of life in married and single TBI persons showed that severely injured persons reported more depression, confusion and overall mood disturbance compared to moderately injured TBI persons regardless of marital status. Married TBI persons reported more anxiety, depression, fatigue, confusion and overall mood disturbance than single TBI persons, regardless of age. The study was undertaken an average of 4 years post injury.[26] In another study[27] it was found that QL was severely reduced for those TBI persons who could not occupy their time.

The literature comparing partner relationships, perceived quality of life and mental well-being in persons with disabilities and people from the general population is limited. Better knowledge in these areas will help rehabilitation professionals to understand the nature and extent of barriers that face persons with SCI and TBI and help them to work more effectively with the patients.

The purpose of this study was to assess and compare SCI and TBI persons and people from the general population concerning partner relationships, functioning, mood and perceived quality of life. Persons with spinal cord and traumatic brain injuries were chosen for comparison because the majority of people with these two conditions are young, the injuries are caused by sudden damage to the central nervous system and both severe SCI and TBI cause drastic changes in the life of the injured person. There is, however, a fundamental difference between these disabilities. Individuals with TBI sometimes have the mobility problems seen in SCI persons, but more often have cognitive and behavioural problems.

Subjects and method

Table 1 provides the sociodemographic characteristics of the SCI, TBI and control persons.

SCI persons

This study included 167 persons with traumatic SCI, who were consecutively admitted to the Gothenburg Spinal Unit during the period November 1982 to July 1991. Further details have been given elsewhere.[28] There were 136 men (81%) and 31 women (19%) and this percentage reflects the sex ratio in the general SCI population. The median age was 33 years, with a range from 19 to 79. Age when injury occurred ranged from 14 to 76 years (Md 28 years), with 53% injured before

Table 1 Sociodemographic characteristics of the participants

Characteristic	*SCI persons (n=167)*	*TBI persons (n=92)*	*Controls (n=264)*
Sex			
Male	136 (81.4%)	65 (70.7%)	203 (76.9%)
Female	31 (18.6%)	27 (29.3%)	61 (23.1%)
Age			
Median (range)	33 (19–79)	40 (20–70)	31 (19–79)
Mean (SD)	38.9 (15.7)	40.5 (11.1)	36.9 (15.4)
Marital status			
Married/cohabiting	63 (37.7%)	39 (42.4%)	128 (48.5%)
Stable partnership without living together	22 (13.2%)	14 (15.2%)	27 (10.2%)
Single	82 (49.1%)	39 (42.4%)	109 (41.3%)
Partner relationship at the time of the injury	102 (61.1%)	54 (58.7%)	n.a.
Divorced/separated after injury	49 (48%)	30 (55.5%)	n.a.
Education			
Compulsory level	81 (48.5%)	54 (58.7%)	79 (29.9%)
Higher education below university	61 (36.5%)	25 (27.2%)	95 (36%)
University	25 (15%)	13 (14.1%)	90 (34.1%)
Working/studying	99 (66%)	45 (51.1%)[1]	195 (76.6%)[1]
Full-time	25 (16.6%)[1]	19 (20.4%)[1]	172 (69.3%)[1]
Part-time	74 (49.3%)[1]	26 (29.5%)[1]	23 (9.3%)[1]
Unemployed	29 (19.3%)[1]	16 (18.2%)[1]	34 (13.7%)[1]
Sickness benefit 100%	11 (7.3%)[1]	6 (6.8%)[1]	6 (2.4%)[1]
Disability pension 100%	11 (7.3%)[1]	21 (23.9%)[1]	13 (5.2%)[1]
Retired with old age pension	17 (10.2%)[2]	4 (4.3%)[2]	16 (6.1%)[2]

[1]Percentage of those below the age of 65 years. [2]Percentage of all. n.a.=Not applicable

the age of 30. Elapsed time since injury ranged from 1–9 years (Md 5 years).

Out of the 167 SCI persons, 51% were tetraplegic (76% Frankel A, 24% Frankel B, C and D) and 49% were paraplegic (60% Frankel A, 40% Frankel B, C and D). One hundred and twenty-two persons (73%) used wheelchairs; the remainder walked with or without aids. Two persons were ventilator dependent for respiration. Ninety-seven per cent lived in their own homes. Thirty-nine per cent required no assistance from others in performing basic daily activities (ADL), whereas 36% required full assistance. Pain to the extent that it influenced ADL was reported by 40% of the respondents and 21% had spasticity severe enough to interfere with daily function. Seventeen SCI persons (10%) were retired and 66% of the remainder were employed or engaged in studies.

At the time of the investigation, 85 (51%) of the 167 SCI participants were married/cohabitant or had a partner relationship without living together. The single SCI persons and those who had a partner relationship were equivalent in terms of age, age at injury, time since injury, level and completeness of the lesion, level of education and employment. Five older persons in the single group were permanently living in an institution, whereas all of those with a partner were living in their own homes. Furthermore, those who were single needed more help with their personal care and daily activities, such as assistance with bowel and bladder care, dressing and transfers, compared to those with partners.

The 167 SCI participants were interviewed by phone and subsequently by mail questionnaires to collect the study data. They were assured of the complete confidentiality of their responses. The structured telephone interview covered a variety of topics, including demographic characteristics, living conditions, marital status, and care and services received. All information was controlled by reference inquiries using the medical records. The mailed questionnaire was designed to measure physical and social functioning, perception of loss of independence, perceived quality of life and mood.

TBI persons

Ninety-two traumatic brain injured persons treated at the Department of Rehabilitation Medicine at Sahlgrenska Hospital, Gothenburg, during the years 1971–1990 participated in the study. Detailed information on this sample is given elsewhere[29] but 65 were men (70%) and 27 were women, ranging in age from 20–70 years (Md 40 years). Median age at injury was 32 years, ranging from 16–56 years, with 47% injured before the age of 30. Elapsed time since injury ranged from 1–20 years (Md 9 years). At the time of the investigation 11% were classified as

Table 2 Frequency of symptoms in the TBI population reported by the patient and/or observed at the neurological examination at the time of the investigation ($n=92$ TBI persons)

Symptoms	n	%
Balance impairments	32	35
Neglect	1	1
Visual impairments	22	24
Vertigio	16	17
Spatial disturbances	7	8
Dysarthria	48	52
Hearing impairments	25	27
Swallowing impairments	6	7
Epilepsy	32	35
Emotional lability	31	34
Personal disorientation	2	2
Spatial disorientation	4	4
Temporal disorientation	12	13
Psychic irritability	45	49
Psychomotor agitation	40	43
Planning disturbances	31	34
Loss of initiative	38	41
Concentration difficulties	56	61
Diminished self-appraisal	40	43

having severe disability and 66% moderate disability, whereas 23% had achieved a level of 'good recovery', on the Glasgow Outcome Scale (GOS).[30,31] The frequency of cognitive and behavioural symptoms is shown in Table 2. Only one person was wheelchair dependent. Eighty-one per cent required no assistance from others in performing basic daily activities (ADL), whereas 4% required full assistance. None of the TBI persons had pain or spasticity that interfered with daily function. Four per cent were retired and 51% of the remainder were employed or engaged in studies.

Fifty-three of the TBI participants (58%) were married/cohabiting or had a partner relationship without living together, and 24 of them (45%) had the same partner as before the injury. The single TBI persons and those who had a partner were similar in terms of age, age at injury, level of education and employment. The TBI persons were examined according to a procedure consisting of a physical and psychoneurological examination, followed by self-assessment of functioning, mood, global quality of life and demographic characteristics, living conditions, marital status, and care and services received. The physical and psychoneurological examination of each patient was performed according to a fixed protocol by two neurologists working independently. Afterwards, each item was checked and, in case of discrepancy, the results were discussed until consensus was reached.

Before giving their informed consent to inclusion in the study, the SCI and TBI persons had received both written and verbal information on the study.

Control group

The controls, who were age- and sex matched to the SCI group,[28] were selected by the Gothenburg City Registry. The questionnaires were mailed together with a letter that explained the rationale for the study to 334 controls, a two to one match procedure. Seventy-nine per cent (203 men and 61 women) completed the questionnaire covering sociodemographic factors, a visual analogue quality-of-life scale and a mood self-assessment measure. Since only 264 responses were received from the 334 potential controls, the hypothesis that the two groups were no longer age- and sex matched was tested. The analysis showed, however, that there was no significant difference concerning sex and age. Of the 264 respondents, 155 (59%) had a stable partner relationship at the time of the study. No data were available on the non-respondents.

Measuring instruments

Glasgow outcome scale GOS

The Glasgow outcome scale (GOS) is a functional assessment tool for use in brain-injured individuals.[30,31] The assessment technique has been widely adopted as the preferred tool for describing outcome after head injury in large-scale neurosurgical studies. The GOS is a 1–8 point measure with the following categories: 1=dead, 2=vegetative state, 3=dependent with daily living more than half the time, 4=dependent with daily living less than half the time, 5=not able to go back to previous work and social activities, 6=able to go back to previous work or social activities but not with full ability, 7=able to live a normal life but some symptom after the brain damage, and 8=no symptom after the brain injury. Score 3 and 4 indicate a severe disability, 5 and 6 a moderate disability, 7 and 8 indicate that the individual has reached a level of good recovery. Two neurologists working independently performed the rating of each patient.

Quality of life, physical and social functioning and mood

Perception of global quality of life (QL) was recorded on a visual analogue scale (VAS) and endpoints were labelled 'very low' and 'very high'.[32] For SCI persons and controls, a 0–100 scale was applied while the TBI persons were examined with the aid of an earlier scale version linearly transformed to match the current scale.[20] To further explore the SCI and TBI persons' satisfaction with different areas in life, a brief function and mood self-assessment questionnaire was used. This questionnaire was created in an earlier study of SCI persons where a vast battery of generic questionnaires was applied.[23] This brief version contains ten items from the Sickness impact profile (SIP)[33] covering functional limitations in the SIP categories mobility, body care and movement and social interaction, and six items from the Hospital anxiety and depression (HAD) scale[34] measuring different aspects of depressed

mood. In addition, the SCI persons completed six items from the SCI Problem scale defining the SCI person's perception of loss of independence.[23] The controls completed the six items reflecting Depression from the HAD scale.[34]

Statistical methods

Fisher's non-parametric permutation test was used for comparison between groups and Fisher's exact test for comparison of proportions.[35] For overall comparison between the three groups, Kruskal Wallis one-way analysis of variance (ANOVA) of mean ranks was used. The chi-square test was used for overall comparisons of proportions between three groups. Correlations between the dependent variable, the VAS QL scale and a number of independent variables, including sociodemographic data, neurological and functional status and psychosocial data, were evaluated using Pitman's non-parametric permutation test.[35] Pearson's correlation coefficients were only used for descriptive purposes. A step-by-step model of consecutive analyses including bivariate correlation,[35] partial non-parametric correlation[36] and multiple correlation procedures was applied for the prediction of global QL scores from a selection of potentially important variables. The last step in the model describes the level of explained variance of the dependent variable from the combination of powerful independent variables. For Pitman's correlation analysis and regression analysis, a P value of 0.01 or less was considered significant.

Ethical scrutiny

The research protocol was approved by the Ethical Research Committee of Sahlgrenska University Hospital, Gothenburg.

Results

As shown in Tables 1 and 3, analyses indicated that the three groups were not significantly different in sex and age. No significant differences by sex were found in any study characteristics.

Partner relationships

As shown in Table 1, somewhat less of the SCI persons (51%) than TBI persons (58%) and controls (59%) had a partner relationship at the time of the investigation. This difference was, however, non significant (Table 3). More than one-third of the SCI and half of the TBI relationships (38% and 55% respectively) were established after injury. Of those who were single at the time of the investigation, 25% of the SCI persons, 2% of the TBI persons and 9% of the controls mentioned that they had neither the time nor interest in having sexual relationships. Fifteen per cent of the SCI persons reported poor self-esteem in combination with decreased sexual ability as the main reason for being single. Poor self-esteem was listed by 15% of the TBI persons and by 14% of the controls. Ten per cent of the SCI persons reported that they had difficulties in meeting and attracting a new partner when disabled and in a wheelchair.

Approximately half of the persons with SCI (48%) and TBI (56%) reported that they had divorced or separated after the injury. The most commonly mentioned reasons for the separation among the SCI persons were either difficulties in attaining new physical functioning and maintaining a partner relation at the same time (20%), or the partner's unwillingness to live with a disabled person (25%).

Functioning, mood and global quality of life

As shown in Tables 3 and 4, SCI and TBI persons did not differ significantly in level of education, physical and social functioning as measured by the SIP, mood

Table 3 Test of differences with Fisher's non-parametric permutation test

Variable	*SCI[a]-TBI[b]*	*SCI[a]-Control[c]*	*TBI[b]-Control[c]*
Sex	N.S.	N.S.	N.S.
Age	N.S.	N.S.	N.S.
Marital status	N.S.	N.S.	N.S.
Education	N.S.	$P<0.001$	$P<0.001$
Work/studies 0–100%	$P<0.001$	$P<0.001$	$P<0.001$
Global quality of life ratings	N.S.	$P<0.001$	N.S.
Mood (HAD Depression)	N.S.	$P<0.001$	$P<0.001$
Physical and social dysfunction (SIP)	N.S.	n.a.	n.a.

[a]Spinal cord injured (SCI) group $n=167$. [b]Traumatic brain injured (TBI) group $n=92$. [c]Control group $n=264$. n.a. = Not applicable. N.S. = not significant

Table 4 Functioning, mood and global quality of life, mean values and standard deviations (SD) are given

	SCI persons (n=167)	*TBI persons (n=92)*	*Control (n=264)*
Physical and Social Dysfunction (SIP) range 0–70 (the lower the better)	30.2 (20.2)	24.6 (24.6)	n.a.
Mood (HAD Depression) range 0–18 (the lower the better)	4.7 (3.8)	4.7 (4.0)	2.7 (2.6)
Global QL (VAS) range 0–100 (the higher the better)	57.2 (28.1)	63.5 (24.3)	69.8 (21.3)

n.a. = not applicable

as measured by the HAD Depression scale and perceived quality of life.

Significantly more of the SCI persons (66%) were employed or studying compared with the TBI persons (51%). Compared with the controls, however, significantly less of both persons with SCI and TBI were employed or engaged in studies.

Both SCI and TBI persons showed significantly more depressive feelings according to the HAD Depression scale compared with the controls. Twenty-two per cent of the SCI persons and 26% of the TBI persons fulfilled HAD criteria for clinical depression, compared with 5% of the controls. Perceived quality of life was significantly lower in the SCI group compared with the controls, whereas the TBI persons' and controls' perception of quality of life did not differ significantly.

In all three groups, perceived QL was significantly lower among persons who were single compared with those in a relationship. Furthermore, physical and social functioning (SIP) was significantly lower in the single SCI and TBI groups compared with those in a relationship. Whereas mood (HAD Depression) was significantly lower among persons who were single in the SCI group, there was no significant difference in mood between those who were single and those in a relationship in the TBI and control groups. Perceived loss of independence (SCI Problem) showed no significant difference between SCI persons who were single and those that had a partner relationship (Table 5).

Quality of life in relation to sociodemographic, physical and psychosocial variables

As shown in Table 6, marital status correlated significantly with the SCI person's perceived QL, whereas no correlation to sex could be found. Young age and young age at injury were associated with high QL scores, whereas elapsed time since injury was not significantly correlated to global quality of life. The level of engagement in employment or studies correlated significantly to the SCI person's global QL, while level of education showed no association with perceived QL. The level and completeness of the lesion showed a slight but non-significant correlation to overall QL. The respondents who reported pain severe enough to interfere with daily function showed lower QL perceptions, whereas spasticity problems showed no significant correlation to perceived overall QL.

Mood (HAD depression), physical and social functioning (SIP) and perceived loss of independence

Table 5 Functioning, mood and global quality of life ratings

	SCI with partner (n=85)	*Single SCI (n=82)*	*p-level*	*TBI with partner (n=53)*	*Single TBI (n=39)*	*p-level*	*Controls with partner (n=155)*	*Single Controls (n=109)*	*p-level*
Physical and social dysfunction (SIP) range 0–70 (the lower the better)									
Mean (SD)	22.4 (19.6)	31.9 (21.7)	***	20.7 (22.9)	30.4 (25.8)	***			
Median	17.4	29.9		12.4	23.7		n.a.	n.a.	
Range	0–70	0–70		0–70	0–70				
Perceived loss of independence (SCI-Problem) range 1–24 (the higher the better)									
Mean (SD)	14.4 (4.3)	14.0 (4.5)	N.S.	n.a.	n.a		n.a.	n.a.	
Median	14.5	13.0							
Range	6–22	6–24							
Mood (HAD Depression) range 0–18 (the lower the better)									
Mean (SD)	3.9 (3.1)	5.6 (4.3)	***	4.6 (4.1)	5.0 (3.8)	N.S.	2.3 (2.2)	3.1 (3.0)	N.S.
Median	3.0	5.0		4.0	4.0		2.0	2.0	
Range	0–12	0–18		0–17	0–16		0–12	0–13	
Global QL (VAS) range 0–100 (the higher the better)									
Mean (SD)	63.5 (26.0)	50.2 (28.9)	***	66.9 (23.5)	58.8 (24.6)	***	74.2 (19.7)	62.3 (21.3)	***
Median	70.5	51.0		71.0	57.0		79.0	69.0	
Range	1–100	0–100		14–100	0–100		11–100	4–98	

*** = $P < 0.001$, N.S. = Non significant (Pitman's non-parametric permutation test) n.a. = Not applicable

(SCI problem) were significantly correlated to the SCI persons' global QL.

The TBI person's sex, age, age at injury, marital status and level of education were not significantly correlated to the TBI person's global QL. Time since injury, the level of engagement in work or studies, mood (HAD depression), physical and social functioning (SIP) and the severity of the disability (GOS) were, however, significantly correlated to the TBI person's global quality of life.

Sex, age and level of education showed no significant correlation with the controls' global QL, whereas marital status, the level of engagement in work or studies and mood (HAD depression) correlated significantly with the control persons' global QL.

Determinants of quality of life perception

Partial and multiple correlations were used to determine which of the independent variables were the most powerful predictors of global QL. Concerning SCI persons, 57% of the variance was explained by three variables in combination: the SCI person's mood, physical and social functioning and perceived loss of independence (Table 6).

As shown in Table 6, the most important predictors of the TBI persons' global QL were mood, physical and social functioning, severity of disability and time since injury. Forty-six per cent of the variance was explained by these variables.

Concerning the controls, the most important predictors of global QL were mood, time spent in work or studies and marital status, explaining 50% of the variance (Table 6).

Discussion

Some researchers[37] have questioned the ability of TBI persons to give valid and reliable information. However, recent evidence suggests that brain-injured persons' information is valid, in that their information correlates well with measures obtained from relatives.[38] We used the combined questionnaire-interview technique to collect information from the TBI persons. Any difficulty with the questionnaires could then be explained and straightened out in the personal interview. Due to our questionnaire-interview technique, we were able to demonstrate high consistency in response pattern and the information gathered should therefore be regarded as valid.

It may seem surprising that there were no significant sex differences in this study. It has been suggested in the literature[9] that disabled women are disadvantaged in the area of sexuality and partner relationships compared to disabled men. Our results should, however, be interpreted cautiously as the number of SCI and TBI women was small.

Although there were somewhat more of the SCI persons than TBI persons and controls who were single at the time of the study, this difference was non significant. Some of those who remained single had made this choice for the same reasons as single people among the general population, i.e. they had neither the time nor interest in having sexual relationships. The disabled person, as well as the able-bodied individual, has the right to determine whether or not to express himself sexually, as discussed by Comarr and Vigue.[39] Decreased sexual ability contributed to not having a partner relationship among a few injured persons.

Table 6 Quality of life in relation to sociodemographic, physical and psychosocial variables

Independent Variables	*SCI persons (n=167)* r	*p-level*	*TBI persons (n=92)* r	*p-level*	*Controls (n=264)* r	*p-level*
Age	−0.27	***	−0.01	N.S.	−0.01	N.S.
Age at injury	−0.28	***	−0.16	N.S.	n.a.	
Time since injury	0.07	N.S.	**0.27**	**	n.a.	
Sex	−0.10	N.S.	0.01	N.S.	0.05	N.S.
Marital status[a]	−0.22	**	−0.18	N.S.	−0.27	***
Education	0.19	N.S.	0.13	N.S.	0.14	N.S.
Work/studies 0–100%[a]	0.37	***	0.40	***	0.32	***
Mental State (HAD depression)	**−0.69**	***	**−0.56**	***	−0.67	***
Physical and social function (SIP)	**−0.57**	***	**−0.48**	***	n.a.	
Perceived loss of independence	**−0.59**	***	n.a.		n.a.	
Level of lesion	0.21	N.S.	n.a.		n.a.	
Completeness of lesion	0.19	N.S.	n.a.		n.a.	
Pain	−0.23	**	0.01	N.S.	n.a.	
Spasticity	−0.11	N.S.	n.a.		n.a.	
Severity of disability (GOS)	n.a.		0.48	***	n.a.	

r = Pearson's correlation coefficient. ** = $P<0.01$. *** = $P<0.001$ Pitman's permutation test. N.S > = non significant. n.a. = not applicable. [a] = Marital status analyzed as single against 'married' (ie married/cohabitants/partner relationship without living together) and work/studies analyzed as percentage of work and studies together. Underlined, bold figures denote the strongest independent predictors for perceived high quality of life according to non-parametric partial correlation (Mantel's test)

Some persons with SCI mentioned that they had difficulties in meeting and attracting a new partner when disabled and in a wheelchair. This indicates that individual attitudes toward people with disabilities and the injured person's own prejudices of physical deviance may in some cases make it difficult to develop new relationships or re-establish old ones. The number of partner relationships contracted after injury among both SCI and TBI persons indicates, however, that the injury is not a major barrier to establishing close partner relationships, which is consistent with the study of Berkman *et al*.[40] Crewe and Krause[41] found that only individuals who are especially likeable, active and well adjusted succeed in attracting partners and establishing close relationships after an SCI. The authors found in a later study[42] that SCI persons who get married after injury were more active both socially and vocationally during their single days compared to those who remained single. The authors suggested that the individuals who marry after SCI are a selected group with some special characteristics.

Slightly half (48%) of the SCI persons' and more than half (56%) of the TBI persons' partner relationships existing when injury occurred had terminated. It may be difficult to maintain a partner relationship during the process of attaining better physical functioning and emotional adjustment to the new situation after injury. It is, however, not appropriate to make comparisons of the proportion of divorces or separations between these two groups, since the average time frame differ between the two groups; 5 years for the SCI persons and 9 years for TBI persons.

Being in good spirits, ie lack of depressive symptoms had a profound positive impact on the perception of a high quality of life in all three groups. It appears from the current data that persons who are single – whether disabled or not – tend to experience a poorer overall quality of life compared to those who have a partner relationship. These results may provide support for the assumption that having a close partner relationship can play an important role for a person's satisfaction with life. Other studies[43–46] have identified a positive influence of supportive interpersonal relationships upon adjustment to SCI as well as on life satisfaction and well-being after SCI. The strongest empirically identified contributors to the quality of life for samples of individuals both with and without spinal cord injury, involve emotional support, perceived personal or internal control of situations and events, perceived health status and educational level.[46–48]

The high correlation between the SCI persons' perception of a good quality of life and youth and injury at a young age, respectively, indicates that the person who has a spinal cord injury when young has a greater ability to cope with the disability. Further, older people may be less well provided for in vocational, social and leisure activities. A few studies carried out on SCI persons, suggest that quality of life may begin to decline in individuals over 45 or 50 years of age[25,49] and among those with disabilities of duration greater than 20 years.[49] The TBI persons' QL perception was significantly and positively correlated to duration of disability, indicating that adaptation to a brain injury occurs over an extended period of time.

The level and completeness of the SCI persons' lesion showed a weak and non-significant relationship with perceived quality of life which is in agreement with our earlier studies[20,21] as well as with other studies.[24,46,49] The TBI person's QL perception was strongly associated with the severity of the disability which may be explained by the prolonged distress to the daily living with both cognitive and physical handicaps. A high level of physical and social activity was positively related to both the SCI and TBI persons' perception of a high quality of life. This is consistent with our findings in an earlier study conducted on SCI persons.[20,21]

We found in our study a strong relationship between perceived quality of life and being employed or engaged in studies, in all three groups. Since this is a cross-sectional study, it is, however, not possible to determine whether being employed or engaged in studies leads to improved QL. It could be that persons with a perceived high QL are more likely to seek, find, and maintain employment. Krause[50] showed in a study carried out on SCI persons that employment is associated with superior adjustment. He suggested that a crucial element in this relationship might be that social relationships are developed and maintained in work and educational environments, which may be as important as the occupation itself. The majority of SCI and TBI persons are able to return to work or studies and this should be strongly promoted by vocational rehabilitation and further formal education. It is important to help SCI and TBI persons overcome feelings of worthlessness and despair by showing them that they still have some control over their lives and that life after injury can be meaningful and rewarding. The rehabilitation programmes should emphasise support on all activities that contribute to a sense of usefulness and life satisfaction, including a person's participation in gainful employment, educational programmes, community services and active leisure. A relatively high unemployment rate in society in general might, however, impair the chances of disabled individuals getting a job.

It can be concluded that both SCI and TBI appear to affect quality of life and mental well-being negatively. The number of partner relationships contracted after injury among both SCI and TBI persons indicates, however, that the injury is not a major barrier to establishing close partner relationships. Being in good spirits, ie lack of depressive feelings had a profound positive impact on the perception of a high quality of life in all three groups. For the SCI and TBI persons, a high level

of physical and social independence were further positive determinants for a perceived high quality of life. Despite the high level of explained variance in global quality of life, the amount of unexplained variance found in this study offers a challenge for further research.

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SECTION FOUR
JOB APPLICATIONS AND WRITE-UPS

27th February 2019

Llandovery Youth Club
Gerwyn House
19 Market Square
Llandovery
SA20 0AB

Email: jilltatman@yahoo.com

Dear Sir/Madam

REF: **Sally Gordon**

APPOINTMENT: **Support Worker**

The above named person has been appointed to the post of Support Worker to support people with learning difficulties and has given your name as a referee. I would be grateful if you could complete the enclosed Employers Reference Form and return it to me **by 6th March 2019 or as soon as practicable. We are unable to give the person a start date until we receive this reference.**

As a specialist in providing support to vulnerable people, it is of the utmost importance that we undertake a careful check of all applicants being considered for employment. Therefore, we would be grateful if you could complete and return this as a reference in support of the person's application. **Further consideration of this application is being deferred until your reply is received.**

Yours sincerely

Nicola Morgan
HR Officer

EMPLOYERS REFERENCE FORM

mirus
possibilities into realities

Name of Applicant: **Sally Gordon**

Post Applied For: **Support Worker**

The above named person has been successfully interviewed for the above post pending satisfactory references. Please complete the following details.

1. Job Title whilst in your employment: Youth Work Assistant – part time

2. Employment start date: 1992 Finish Date: 1994

3. What are the main duties of the post?

Assisting with activities with a youth club in our Centre which operates on two nights a week. During this time, Sally undertook training and obtained a City and Guilds Leadership Training certificate in Youth Work. Sally has also helped by volunteering with us over the years since employed by us and works really well with young people. She is a "people person" and ideally suited for the post you offer. We commend her to you.

4. What is the annual salary for the post? £6,000

5. What are/were the reasons for leaving? Had a second child

6. Please assess the above named performance criteria:

(please tick)

	POOR	AVERAGE	GOOD	EXCELLENT
Attendance				√
Punctuality				√
Reliability				√
Team Worker				√
General Performance at Work				√
Communication & Interpersonal Skills				√
Relationship with Colleagues				√
Relationship with Managers				√
General Attitude				√

7. Please state the number of days sickness absence, the number of occasions and the reasons for absence where known, during the previous 2 years/last 2 years of employment:

Date(s)	Number of days & occasions	Reasons for Absence(s)
None		

(please continue on separate sheet if needed)

8. Would you re-employ the applicant? YES ☑ NO ☐

If you have replied No, please comment:

9. Has he/she ever been the subject of any disciplinary action whilst in your employment?

YES ☐ NO ☑

If YES, what was the nature of the offence and the action taken?

10. Do you know of any reason why this person should **NOT** be appointed to this post?

YES ☐ NO ☑

Please give reasons for your view:

Thank you for taking the time to complete this reference.

Organisation Name: Llandovery Youth and Community Centre Position: Centre Manager

Name of referee: Jill Tatman Signed JATatman

Relationship with Applicant: Employer Date: 1 March 2019

Contact Telephone Number 01550 721499

Employers Stamp:

LYCC

Office Use Only:

Date reference received: ..... Approved Y/N .....

Managers Comments: .....

.....

.....

Please return signed copy to H.R. Department

27th February 2019

Private and Confidential
Sally Gordon
17 College View
Llandovery
Carmarthen
SA20 0BD

Dear Sally

Re: Conditional Offer for the post of Support Worker

I am pleased to inform you that you have been successful at interview for the above vacancy and would like to conditionally offer you the position pending satisfactory employment references/verifications, Enhanced Disclosure, confirmation of your right to work and a health declaration from our Occupational Health Service providers.

Your references will be sent shortly and please can you contact your referees in order to speed up the process of obtaining your references. You are required to complete the enclosed Disclosure and Barring Service application form and bring this form, along with the required identification to the office where you were interviewed without delay.

You are also required to complete the enclosed pre-employment health questionnaire. Please do this in the next few days.

Please note *the DBS certificate will be sent directly to you. Once you have received it, you will need to bring this into your nearest* ***mirus*** *office, so we can take a copy, along with proof of your registration to the Update Service. At* ***mirus*** *it is a condition of employment for all staff to sign up to the DBS Update Service. Failure to join the Update Service within 30 days will result in a new DBS check being requested which you will be required to pay for. A delay in submitting this certificate and the completion of the pre-employment questionnaire will result in a delay to a possible start date.*

Once all of the conditions have been met, we will contact you to arrange a start date. If you are currently in employment, it is advised that you do not resign from your employment until a start date has been confirmed.

Based on the information given at interview, you have been conditionally offered a **21 hours per week** post as a support worker**.** Your basic salary based on this information is **£8,999.80** per annum, which is spinal point **43**, or **£8.21** per hour. You will be paid on or around the 20th of each month by BACS. Your basic salary is paid for the current month. **Any additional hours or sleep-ins are paid one month in arrears.**

Employees starting before the 12th of the month will be paid during that month, providing all completed paperwork is signed and returned to the Payroll Department before the 6th. An employee starting on or after the 12th of the month will not be paid until the following month.

If an overpayment of salary occurs, Mirus will contact the employee as soon as possible to set up arrangements to recover such an overpayment as soon as is practicable whilst allowing a reasonable time period for recovery. Such repayment can either be directly from the employee or by deduction from salary each month.

The location of your place of work will be decided when a start date can be arranged. However, you may be required to work at any other **mirus** houses as requested. This is to ensure that our service users needs are met at all times.

You will work your contracted hours on a rota basis as agreed by your Line Manager. Your holiday entitlement will be confirmed when a start date has been arranged.

During the first **6 months** of your employment you will be on a probationary period. Confirmation of your appointment will be made upon you successfully completing your probationary period.

You may be required to sleep in at your place of work or at any of **mirus** houses, according to the needs of our service users. A fixed rate of **£62.64** is payable in addition to your normal salary.

mirus recognises the importance of training and is committed to providing the necessary training requirements for all employees in order to work in this sector. Therefore, it is a mandatory requirement for all employees to attend organised training events as this forms part of your terms and conditions of employment.

You will be expected to comply with the Care Council for Wales' Code of Conduct.

The following documents are enclosed, **please complete and bring them when you return to the office to get your Enhanced Disclosure application form countersigned:**

(a) Two copies of this conditional offer letter **(please sign one and return).**
(b) Two job descriptions **(please sign one and return).**
(c) Staff Details form **(please complete).**
(d) HMRC Starter Checklist (these are applicable only if a P45 is not available from your employer)
(e) Pre Employment Health Questionnaires **(please complete and return).**
(f) Reference and Employment History forms **(please complete and return)**
(g) Job application form **(please complete and return for CIW compliance)**
(h) If you are a driver please obtain a check code from the DVLA website and send to Vehicle-admin@mirus-wales.org.uk together with the last 8 digits of your driving licence (ignoring the last 2 separate digits) to enable you to share your information with us so we can verify your details. Please see enclosed step-by-step guide of how to obtain your check code.
(i) DBS application form **(please arrange to return to Edith Like at EdithL@mirus-wales.org.uk with a copy of your current DBS certificate if you have one and 3 items of ID).** For acceptable ID, please see relevant enclosure.
(j) Any training or qualifications certificates relevant to your application

Finally, may I take this opportunity to congratulate you on a successful interview and hope that you will join us shortly.

Please sign and return the enclosed copy letter and all other documentation as your understanding and acceptance of the above.

Yours sincerely

Human Resources

I the undersigned, have read and understood, and therefore accept this conditional offer letter.

Signed: .....

Date: 04-03-19.

From: Hollie Jenkins HollieJ@mirus-wales.org.uk
Subject: RE: C.V 2018_
Date: 7 Feb 2019 at 18:13:11
To: sally gordon sgreenelodge@hotmail.com

Hi Sally, I am pleased to hear that you continue to be interested in the role and would like to offer you the opportunity of an interview on Thursday the 14th at 14.00.
The interview would be held at our office in Brecon : St Johns Family Centre, Pendre Close, Brecon, LD3 9EA.
Please advise if this time and date is convenient.
We look forward to meeting you.
Regards,
Hollie

Hollie Jenkins
Area Manager - Powys

Tel: 02920 236 216
Mob: 07968624216
Email: HollieJ@mirus-wales.org.uk
www.mirus-wales.org.uk
1-2 Clovelly, High Street, Llandrindod Wells, Powys, LD1 6AG

mirus possibilities into realities

Follow us on:

However you do it, make a conversation about mental health. #timetotalk

time to change time to talk day 07/02/19

INVESTORS IN PEOPLE | Silver

POSITIVE ABOUT DISABLED PEOPLE

CYBER ESSENTIALS PLUS

disability confident EMPLOYER

time to change Wales pledged employer

This email and any attachments may contain confidential and/or privileged material; it is for the attended addressee(s) only.
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Nothing in this email shall bind mirus in any contract or obligation.
Please note that all email messages sent to mirus are subject to monitoring/interception for lawful business purposes.

From: sally gordon [mailto:sgreenelodge@hotmail.com]
Sent: Thursday, February 7, 2019 5:02 PM
To: Hollie Jenkins <HollieJ@mirus-wales.org.uk>
Subject: Re: C.V 2018_

mirus rewards
What rewards you, rewards us

| Have you activated your account? Click Here

Dear Hollie

Thank you for responding . I'm still
Very interested and would definitely
Be interested in attending and interview
And finding out more about the role .
Thankyou
Sally Gordon

Sent from my iPhone

INTERVIEW WRITE UP FOR MIRUS WALES

After seeing an advertisement for Mirus Wales online I decided to email a copy of my C.V to them .I had a reply within a week offering me an interview. Mirus Wales were looking for support workers to help enable people with autism and learning disabilities to maintain skills , develop new ones and build their self- belief and confidence .They were looking for people with good people skills and people that are keen to make a difference to other people's lives .They needed people to support people to try out new activities , build relationships and to lead fulfilled and happy lives .The job was based in Brecon but they had residential houses all around Powys .The job description said that they had casual , part and full time jobs available so decided that I would go for it .

On the day of the interview I didn't feel at all nervous I thought well at least I would be having interview experience .The interview went well and lasted about 2 hours .The manager asked me lots of questions and I filled in lots of forms and she put me in lots of scenarios about different challenging situations .She did however tell me that there were no casual jobs now and I would need to work a minimum of 21 hours and that night shifts were not included in that .She seemed very positive and happy and gave me a key ring on the way out .The week later she phoned and asked me to take in my D.B.S certificate and all of my certificates and my identity paperwork which I did as soon as I could .

The following day she phoned and offered me the job .At first I was thrilled and thought wow! Great ! that's marvellous .She then sent paperwork over containing more information about the job .

After lots of thought about the job and realisations .I decided not to accept the job offer .I realised that the working nights not being included in the 21 minimum hours might be too much and also she had mentioned that at any point of a shift she could phone and send me to any of the other residences ,some as far away as Abergavenny .I didn't want to take on too much on top of my university studies and decided that actually I really want to work towards finding a job within the social work sector .Plus I was worried that they would take advantage of the night shift hrs .So I phoned them up and made my apologies and explained that I wanted my studying to be my priority for the time being .I am happy with the decision I made .

From: Maggie Privett on Trac application 13875385
reply-105707068-1d@recruit.trac.jobs
Subject: Application for vacancy 100-ACS225-1218 - Health Care Support Worker
Date: 8 Jan 2019 at 09:40:08
To: Sally Jane Gordon sgreenelodge@hotmail.com

Dear Sally

I am writing to thank you for your application for the post of 100-ACS225-1218 Health Care Support Worker within Hywel Dda University Health Board. Unfortunately you were not successful in your application and have not been short listed for interview on this occasion.

Please be advised we are unable to provide feedback via this email. If you wish to receive feedback on your application please contact the Recruiting Manager, Louise Peregrine,Senior Sister, on Ext 3971.

Although you were not short listed for this post, we would like to encourage you to make future applications for posts at Hywel Dda University Health Board.

Yours sincerely,

Maggie Privett

Health Care Support Worker

Add to favourites

Job Reference: 100-ACS001-0119

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Employer: Hywel Dda University Health Board
Department: Theatres
Location: Glangwili General Hospital, Carmarthen

Salary: £17,460 to £18,702 per annum

Job Type: Permanent
Working pattern: Part Time 24 hours per month
Pay Scheme: Agenda for change
Pay Band: 2
Staff Group: Additional Clinical Services
Specialty/Function: Critical Care

Read this before applying

Job Description & Person Specification (255 KB)

Apply for this job

Closing Date: 06/01/2019
Interview Date: 16/01/2019

Contact Name:
Enfys James-Camp
Email Address:
enfys.james-camp@wales.nhs.uk
Telephone:
01970 635621

Help transform the lives of others and we'll help transform yours

For further information regarding the vacancy please contact the Appointing Manager, details can be found under the 'Apply for this job' button

If you are a Qualified Healthcare Professional looking at relocating or thinking of moving to Hywel Dda University Health Board as your next career choice and would like to find out more information, please contact

Tina Coleman - Recruitment Campaign Specialist 01267 266292
tina.coleman@wales.nhs.uk

Hywel Dda University Health Board (UHB) reserve the right to close this vacancy after 24 hours if a large number of suitable applications are received. Therefore we encourage early applications to ensure consideration for this post.

Critical Care is looking to recruit a hardworking, enthusiastic and motivated individual to work as part of our team.

The Health Care Support Worker role within critical care is to assist the qualified nurses in delivering the fundamentals of care to their patient, specifically assisting in changing patients' position, hygiene and nutritional needs.

In addition to this a large proportion of the role will be to ensure that patients bay areas are tidy and that trolleys and store rooms are well maintained and stocked.

Individuals should have excellent communication skills. The ability to demonstrate care and compassion to patients and their relatives is essential. You will need to have a caring and professional approach to patient care.

The ability to work as part of the multidisciplinary team is paramount in order to provide and maintain high standard of care to all patients.

Rotation on to night duty is also a requirement.

Interviews to be held 16th January 2019.

The ability to speak Welsh is desirable for this post; English and/or Welsh speakers are equally welcome to apply.

Additional documentation

Shared Services - Guidance Notes for Applicants 2018
NWSSP Recruitment Services Privacy Notice
Shared Services Hire to Retire Privacy Notice

Further links

Hywel Dda University Health Board website
NHS Wales
Staff Benefits
Train Work Live Wales
Working for Us
Aberystwyth information
Bronglais General Hospital
English Bronglais General Hospital Recruitment Campaign Video
Nursing at Bronglais General Hospital
Rural Health and Care Wales
Ymgyrch Recriwtio Ysbyty Cyffredinol Bronglais

If you have any concerns about this job then please report it to our Customer Service team.

SECTION FIVE
FUTURE STUDIES AND TRAINING

Application of Number Assessment

Your assessment result

Name: Sally Gordon

Date completed: 3 Apr 2019

Time completed: 17:58

Your result: Level 1

The results show that you are currently assessed in Application of Number at Level 1.

Your profile

	E1	E2	E3	L1	L2	L3
Application of Number	→	→	→	➔		
Using Data	→	→	➔			
Whole Numbers	→	→	→	→	➔	
Fractions, Decimals and Percentages	n/a	→	→	→	➔	
Measures, Money and Time	→	→	→	→	➔	
Shape, Space and Position	→	→	➔			
Proportion, Ratio and Scale	n/a	n/a	n/a	➔		
Formulas and Equations	n/a	n/a	n/a	n/a		
Statistics and Probability	n/a	n/a	n/a	➔		

Key

n/a	These skills are not assessed at this level
→	You have skills at this level
➔	This is the highest level at which you have shown skills
	You have not reached this level

From: Trinity Recruitment
trinityrecruitment@hotmail.com
Subject: Training for Trinity
Date: 4 Apr 2019 at 11:59:39
To: Trinity Recruitment
trinityrecruitment@hotmail.com

Hello all.

You have previously applied to work with Trinity and as you are aware we have offered to provide you with all of your mandatory training to be able to get you up and running with us ASAP. I do apologise that this process has taken a long time and it is longer than we would have liked. However myself and Lisa have now secured training dates and they are as follows;

Date: May 7th & May 8th 2019. Venue: University Trinity Saint David, Swansea Campus (room to be confirmed) Time: 9am-4pm.

Both of these dates are compulsory to be able to provide you with the training you require to work for us. We will also be putting on a date for Manual Handling course. If you have completed this previously or have up to date training for this could you please forward us the evidence.

If you no longer wish to continue the process with Trinity, then please kindly let us know by replying to this e-mail or calling us on 07435780789.

If you have any questions or queries, again please do not hesitate to contact us on the telephone number above or reply to this e-mail.

Kind Regards,

Courtney Davies-Phillips
Nursing Compliance Officer

From: Trinity Recruitment
Sent: 10 April 2019 10:10
To: Trinity Recruitment
Subject: 7th / 8th / 9 th May Training dates

Hi all, me again.

I have had some confirmations for training on May 7th & 8th 2019 in UWTSD (Swansea Campus) Room AS501. Those of you who have not confirmed your attendance, could you please inform us asap.

For those of you who need Manual Handling Training we have training available on May 9th 09:00-16:30pm, being run by Alpha Safety:

Henley House
Queensway
Fforestfach
SA5 4DJ.

I would appreciate if you could confirm your attendance on this course also please, via email or telephone call. I know some of you already have an up to date manual handling training certificate, could you please forward this to us ASAP. Completing all 3 of these training days (if needed) will provide you with all competence to be able to go straight into work.

Kind Regards,

Courtney Davies-Phillips
Nursing Compliance Officer

SECTION SIX
COMPLETED MODULES

Digital Receipt

This receipt acknowledges that Turnitin received your paper. Below you will find the receipt information regarding your submission.

Submission Author	Sally Gordon
Turnitin Paper ID (Ref. ID)	104670261
Submission Title	Critique .Health research (1100769)
Assignment Title	Assignment 2 Critique due Friday 3rd May by 23.55pm
Submission Date	12/04/19, 13:41

Print

UWTSD Moodle 2018/19

My Submissions

Part 1

Title	Start Date	Due Date	Post Date	Marks Available
Exam Results 4th December 2018 - Part 1	4 Dec 2018 - 17:43	7 Dec 2018 - 17:43	4 Jan 2019 - 18:26	100

Summary:

Please click on your name for your results

Refresh Submissions

	Submission Title	Turnitin Paper ID	Submitted	Similarity	Grade
View Digital Receipt	Grading Template	98158847	4/01/19, 17:54	--	89/100

Module Search

Go

UWTSD Moodle 2018/19

My Submissions

Part 1

Title	Start Date	Due Date	Post Date	Marks Available
Exam results 15 th January 2019 - Part 1	13 Feb 2019 - 09:49	18 Feb 2019 - 16:30	18 Feb 2019 - 17:00	100

Refresh Submissions

	Submission Title	Turnitin Paper ID	Submitted	Similarity	Grade
View Digital Receipt	Grading Template	100635360	13/02/19, 14:52	–	83/100

Module Search

Go

UWTSD Moodle 2018/19

My Submissions

Part 1

Title	Start Date	Due Date	Post Date	Marks Available
Self Assessment Form - Part 1	19 Mar 2019 - 15:57	3 May 2019 - 23:55	26 Jun 2019 - 15:57	100

Summary:

Choose AT LEAST ONE assignment and complete the following in relation to it.

Refresh Submissions

	Submission Title	Turnitin Paper ID	Submitted	Similarity	Grade	
View Digital Receipt	SELF ASSESSMENT PAD(1100769)	103589634	29/03/19, 11:13	Pending	–	Subm

Module Search

Go

UWTSD Moodle 2018/19

My Submissions

Part 1

Title	Start Date	Due Date	Post Date	Marks Available
Interview Write Up - Part 1	27 Jan 2019 - 00:39	3 May 2019 - 23:55	3 Jun 2019 - 00:39	100

Refresh Submissions

	Submission Title	Turnitin Paper ID	Submitted	Similarity	Grade	
View Digital Receipt	Interview Reflection (1100769)	103586795	29/03/19, 10:56	Pending	--	Subm

Module Search

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UWTSD Moodle 2018/19

My Submissions

Part 1

Title	Start Date	Due Date	Post Date	Marks Available
ePortfolio - Part 1	27 Jan 2019 - 00:36	3 May 2019 - 23:55	3 Jul 2019 - 00:36	100

Refresh Submissions

	Submission Title	Turnitin Paper ID	Submitted	Similarity	Grade	
View Digital Receipt	Personal academic developement (4 assignments) 1100769	103655397	29/03/19, 19:44	Pending	--	Subm

Module Search

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UWTSD Moodle 2018/19

My Submissions

Part 1

Title	Start Date	Due Date	Post Date	Marks Available
Assignment 1 Report due Friday 29th March by 23.55pm - Part 1	27 Nov 2018 - 10:51	29 Mar 2019 - 23:55	3 May 2019 - 10:00	100

Refresh Submissions

	Submission Title	Turnitin Paper ID	Submitted	Similarity	Grade	
View Digital Receipt	Assignment 1 (1100769)	102897825	21/03/19, 14:35	26%	--	Subm

Module Search

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UWTSD Moodle 2018/19

My Submissions

Part 1

Title	Start Date	Due Date	Post Date	Marks Available
Risk Assessment - Part 1	31 Jan 2019 - 09:00	3 May 2019 - 23:55	31 May 2019 - 09:00	100

Refresh Submissions

	Submission Title	Turnitin Paper ID	Submitted	Similarity	Grade	
View Digital Receipt	RISK ASSESSMENT (1100769)	103974348	3/04/19, 15:40	--	--	Subm

Module Search

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UWTSD Moodle 2018/19

My Submissions

Part 1

Title	Start Date	Due Date	Post Date	Marks Available
Report - Part 1	31 Jan 2019 - 09:00	29 Mar 2019 - 23:55	3 May 2019 - 09:00	100

Refresh Submissions

	Submission Title	Turnitin Paper ID	Submitted	Similarity	Grade	
View Digital Receipt	Managing organistions assignment 1	103027255	22/03/19, 15:57	20%	--	Subm

Module Search

Go

SECTION SEVEN
DBS CERTIFICATE

Enhanced Certificate

Page 1 of 4

Disclosure & Barring Service

DBS Fee Charged

Certificate Number 001632568152

Date of Issue: 05 OCTOBER 2018

Applicant Personal Details

Surname: GORDON

Forename(s): SALLY JANE

Other Names: DUNFORD, SALLY JANE

Date of Birth: 05 JUNE 1972

Place of Birth: KEYNSHAM

Gender: FEMALE

Employment Details

Position applied for:
CHILD AND ADULT WORKFORCE STUDENT PLACEMENT

Name of Employer:
UWTSD

Countersignatory Details

Registered Person/Body:
UWTSD

Countersignatory:
CAROL DAVIES

Police Records of Convictions, Cautions, Reprimands and Warnings

Surname:
GORDON
Forename(s):
SALLY JANE
Gender:
FEMALE
Birth Details:
05 JUNE 1972 KEYNSHAM, SOMERSET

Last known occupation:
HOUSEWIFE
Alias Name(s):
NONE RECORDED
Alias Date of Birth:
NONE RECORDED

Conviction Details

Conviction:	Date of Conviction:	Court:
1	20 NOVEMBER 1997 GORDON, SALLY JANE	CARMARTHEN CROWN
	Offence:	Disposal:
1	POSSESSING CONTROLLED DRUG W/I TO SUPPLY - CLASS B - OTHER ON 03 JULY 1997 MISUSE OF DRUGS ACT 1971 S.5(3)	NO ORDER MADE
2	POSSESSION OF A CLASS B DRUG - CANNABIS RESIN ON 03 JULY 1997 MISUSE OF DRUGS ACT 1971 S.5(2)	CONDITIONAL DISCHARGE 12 MTHS FORFEITURE/CONFISCATION DESTRUCTION/DISPOSAL OF DRUGS/PARAPHERNALIA

Conviction:	Date of Conviction:	Court:
2	15 APRIL 1999 GORDON, SALLY JANE	DINEFWR MAGISTRATES
	Offence:	Disposal:
1	POSSESSION OF A CLASS B DRUG - CANNABIS RESIN ON 27 FEBRUARY 1999 MISUSE OF DRUGS ACT 1971 S.5(2)	FINE 60.00 COSTS 35.00 FORFEITURE/CONFISCATION DESTRUCTION OF CANNABIS

THIS CERTIFICATE IS NOT EVIDENCE OF IDENTITY

Continued on page 2

© Crown Copyright

Certificate Number 001632568152

Conviction:	Date of Conviction:	Court:
3	02 NOVEMBER 1999 GORDON, SALLY JANE	CARMARTHEN SOUTH MAGISTRATES
	Offence:	Disposal:
1	THEFT - SHOPLIFTING ON 26 OCTOBER 1999 THEFT ACT 1968 S.1	COSTS 40.00 CONDITIONAL DISCHARGE 12 MTHS

Information from the list held under Section 142 of the Education Act 2002

NONE RECORDED

DBS Children's Barred List information

NONE RECORDED

DBS Adults' Barred List information

NONE RECORDED

Other relevant information disclosed at the Chief Police Officer(s) discretion

NONE RECORDED

Enhanced Certificate

This document is an Enhanced Criminal Record Certificate within the meaning of sections 113B and 116 of the Police Act 1997.

Use of certificate information

The information contained in this certificate is confidential and all recipients must keep it secure and protect it from loss or unauthorised access. This Certificate must only be used in accordance with the Disclosure and Barring Service's (DBS) Code of Practice and any other guidance issued by the DBS. Particular attention must be given to the guidance in the fair use of the information in respect of those whose Certificate reveals a conviction or similar information. The DBS will monitor the compliance of Registered Bodies with this Code of Practice and other guidance.

This Certificate is issued in accordance with Part V of the Police Act 1997, which creates a number of offences. These offences include forgery or alteration of Certificates, obtaining Certificates under false pretences, and using a Certificate issued to another person as if it was one's own.

This Certificate is not evidence of the identity of the bearer, nor does it establish a person's entitlement to work in the UK.

Certificate content

The personal details contained in this Certificate are those supplied by or on behalf of the person to whom the Certificate relates at the time the application was made and that appear to match any conviction or other details linked to that identity.

The information contained in this Certificate is derived from police records, and from records held of those who are unsuitable to work with children and/or adults, where indicated. The police records are those held on the Police National Computer (PNC) that contains details of Convictions, Cautions, Reprimands and Warnings in England and Wales, and most of the relevant convictions in Scotland and Northern Ireland may also be included. The DBS reserves the right to add new data sources. For the most up to date list of data sources which are searched by the DBS please visit the DBS website.

The Other Relevant Information is disclosed at the discretion of the Chief Police Officers or those of an equivalent level in other policing agencies, who have been approached by the DBS, with due regard to the position sought by the person to whom the Certificate relates.

Certificate accuracy

The DBS is not responsible for the accuracy of police records.

If the person to whom this Certificate relates is aware of any inaccuracy in the information contained in the Certificate, he or she should contact the Countersignatory immediately, in order to prevent an inappropriate decision being made on their suitability. This Countersignatory will advise how to dispute that information, and if requested arrange for it to be referred to the DBS on their behalf. The information should be disputed within 3 months of the date of issue of the Certificate.

The DBS will seek to resolve the matter with the source of the record and the person to whom the Certificate relates. In some circumstances it may only be possible to resolve a dispute using fingerprints, for which consent of the person to whom the Certificate relates will be required.

If the DBS upholds the dispute a new Certificate will be issued free-of-charge. Details of the DBS's disputes and complaints procedure can be found on the DBS's website.

Continued on page 3

Applicant Personal Details

Surname: GORDON

Forename(s): SALLY JANE

Date of Birth: 05 JUNE 1972

Certificate Number: 001632568152

Date of Issue: 05 OCTOBER 2018

000000720100026202020O

Enhanced Certificate

Disclosure & Barring Service

Contact us

Post: Disclosure and Barring Service
PO Box 165
Liverpool
L69 3JD

Telephone:
Customer Services: 03000 200 190
Welsh line: 03000 200 191
Minicom: 03000 200 192
General Information 03000 200 190

Web: www.gov.uk/dbs
Email: customerservices@dbs.gsi.gov.uk

If you find this certificate and are not able to return it to the person to whom it relates, please return it to the DBS at the address above or hand it in at the nearest police station.

End of Details

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SECTION EIGHT
PLACEMENTS AND EVIDENCE

PARKMORE HEALTHCARE LTD
53 Fairlands Road
Fairlands
Guildford, Surrey GU3 3HZ

Name	Sally J GORDON

Payment Number: 7128
Pay Method: BACS

Employee No.	Tax Code:	N.I. Code:	Week/Month	Nat. Ins. Number	Pay Date
	1185L	A	28	NY 20 27 52 C	24/09/2018

Description	Qty	Rate	This Period	YTD Amount
Hourly Pay	16:30	7.83	129.20	2,232.71
Holiday Hourly	16:30	7.83	129.20	258.40
Bank Holiday	5:30	11.74	64.57	64.57
Statutory Sick Pay (SSP)				331.38
New Rate Pay	0.00			54.81
Bank Holiday2	0.00			64.57

Year To Date Totals	
Total Pay	3,006.44
Taxable Pay	3,006.44
Tax Paid	

This Period	
Gross Pay	322.97
Income Tax	
N.I.	
Deductions	
Adj. to Net Pay	
NET PAY	322.97

Sally J GORDON
17 College View
Llandovery, Carms SA20 0BD

PARKMORE HEALTHCARE LTD
53 Fairlands Road
Fairlands
Guildford, Surrey GU3 3HZ

Name	Sally J GORDON

Payment Number: 7174
Pay Method: BACS

Employee No.	Tax Code:	N.I. Code:	Week/Month	Nat. Ins. Number	Pay Date
	1185L	A	32	NY 20 27 52 C	23/10/2018

Description	Qty	Rate	This Period	YTD Amount
Hourly Pay	16:30	7.83	129.20	2,361.91
Holiday Hourly				258.40
Statutory Sick Pay (SSP)				331.38
New Rate Pay				54.81
Bank Holiday				64.57
Bank Holiday2				64.57

Year To Date Totals	
Total Pay	3,135.64
Taxable Pay	3,135.64
Tax Paid	

This Period	
Gross Pay	129.20
Income Tax	
N.I.	
Deductions	
Adj. to Net Pay	
NET PAY	129.20

Sally J GORDON
17 College View
Llandovery, Carms SA20 0BD

PARKMORE HEALTHCARE LTD
53 Fairlands Road
Fairlands
Guildford, Surrey GU3 3HZ

Name	Sally J GORDON

Payment Number: 7220
Pay Method: BACS

Employee No.	Tax Code:	N.I. Code:	Week/Month	Nat. Ins. Number	Pay Date
	1185L	A	36	NY 20 27 52 C	19/11/2018

Description	Qty	Rate	This Period	YTD Amount
Hourly Pay	22:00	7.83	172.26	2,534.17
Holiday Hourly				258.40
Statutory Sick Pay (SSP)				331.38
New Rate Pay				54.81
Bank Holiday				64.57
Bank Holiday2				64.57

Year To Date Totals	
Total Pay	3,307.90
Taxable Pay	3,307.90
Tax Paid	

This Period	
Gross Pay	172.26
Income Tax	
N.I.	
Deductions	
Adj. to Net Pay	
NET PAY	172.26

Sally J GORDON
17 College View
Llandovery, Carms SA20 0BD

PARKMORE HEALTHCARE LTD
53 Fairlands Road
Fairlands
Guildford, Surrey GU3 3HZ

Name	Sally J GORDON

Payment Number: 7265
Pay Method: BACS

Employee No.	Tax Code:	N.I. Code:	Week/Month	Nat. Ins. Number	Pay Date
	1185L	A	40	NY 20 27 52 C	.17/12/2018

Description	Qty	Rate	This Period	YTD Amount
Hourly Pay	27:30	7.83	215.33	2,749.50
Holiday Hourly				258.40
Statutory Sick Pay (SSP)				331.38
New Rate Pay	0.00			54.81
Bank Holiday	0.00			64.57
Bank Holiday2	0.00			64.57

Year To Date Totals	
Total Pay	3,523.23
Taxable Pay	3,523.23
Tax Paid	

This Period	
Gross Pay	215.33
Income Tax	
N.I.	
Deductions	
Adj. to Net Pay	
NET PAY	215.33

Sally J GORDON
17 College View
Llandovery, Carms SA20 0BD

PARKMORE HEALTHCARE LTD
53 Fairlands Road
Fairlands
Guildford, Surrey GU3 3HZ

Name	Sally J GORDON

Payment Number: 7309
Pay Method: BACS

Employee No.	Tax Code:	N.I. Code:	Week/Month	Nat. Ins. Number	Pay Date
	1185L	A	44	NY 20 27 52 C	13/01/2019

Description	Qty	Rate	This Period	YTD Amount
Hourly Pay	23:00	7.83	180.09	2,929.59
Holiday Hourly				258.40
Statutory Sick Pay (SSP)				331.38
New Rate Pay				54.81
Bank Holiday				64.57
Bank Holiday2				64.57

Year To Date Totals	
Total Pay	3,703.32
Taxable Pay	3,703.32
Tax Paid	

This Period	
Gross Pay	180.09
Income Tax	
N.I.	
Deductions	
Adj. to Net Pay	
NET PAY	180.09

Sally J GORDON
17 College View
Llandovery, Carms SA20 0BD

PARKMORE HEALTHCARE LTD
53 Fairlands Road
Fairlands
Guildford, Surrey GU3 3HZ

Name	Sally J GORDON

Payment Number: 7355
Pay Method: BACS

Employee No.	Tax Code:	N.I. Code:	Week/Month	Nat. Ins. Number	Pay Date
	1185L	A	48	NY 20 27 52 C	13/02/2019

Description	Qty	Rate	This Period	YTD Amount
Hourly Pay	27:30	7.83	215.33	3,144.92
Holiday Hourly				258.40
Statutory Sick Pay (SSP)				331.38
New Rate Pay	0.00			54.81
Bank Holiday	0.00			64.57
Bank Holiday2	0.00			64.57

Year To Date Totals	
Total Pay	3,918.65
Taxable Pay	3,918.65
Tax Paid	

This Period	
Gross Pay	215.33
Income Tax	
N.I.	
Deductions	
Adj. to Net Pay	
NET PAY	215.33

Sally J GORDON
17 College View
Llandovery, Carms SA20 0BD

PARKMORE HEALTHCARE LTD
53 Fairlands Road
Fairlands
Guildford, Surrey GU3 3HZ

Name	Sally J GORDON

Payment Number: 7402
Pay Method: BACS

Employee No.	Tax Code:	N.I. Code:	Week/Month	Nat. Ins. Number	Pay Date
	1185L	A	52	NY 20 27 52 C	08/03/2019

Description	Qty	Rate	This Period	YTD Amount
Hourly Pay	22:00	7.83	172.26	3,317.18
Holiday Hourly				258.40
Statutory Sick Pay (SSP)				331.38
New Rate Pay				54.81
Bank Holiday	0.00			64.57
Bank Holiday2	0.00			64.57

Year To Date Totals	
Total Pay	4,090.91
Taxable Pay	4,090.91
Tax Paid	

This Period	
Gross Pay	172.26
Income Tax	
N.I.	
Deductions	
Adj. to Net Pay	
NET PAY	172.26

Sally J GORDON
17 College View
Llandovery, Carms SA20 0BD

Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

APPENDIX PL1G

POST-PLACEMENT REVIEW AND FEEDBACK

Dear Participant

Many thanks for your involvement in the work placement. I hope that the experience was a valuable and rewarding one, whether you were a Placement Provider, Student or Placement Tutor. The University of Wales Trinity Saint David reviews the provision annually for enhancement purposes and so we would be pleased to hear your feedback on any aspect of the placement.

If you wish to participate, please use this form to record your views. I'd be grateful if you would return the form either in person, by postal mail or email to the contact details below.

Yours sincerely

Insert name of Placement Coordinator

Placement Coordinator

Insert Placement Coordinator's address, email and telephone number

Name of provider's organisation:	Llanfair grange Care home.		
Name of student:	Sally Gordon		
What were the positive aspects?			
The positive aspects are learning all about dementia Residents and diabetics			
Were there any problems?			
None at all			
Do you have any recommendations for enhancement for the future?			
No			
Signed:	S J Gordon		
Name in block capitals:	SALLY JANE GORDON		
Position (please tick one):	☐ Placement Provider ☑ Student ☐ Placement Tutor	**Date:**	4.4.19

Thank you for completing this questionnaire. Please return it as soon as possible to the Placement Coordinator.

SECTION NINE
SKILLS ASSESSMENT

Skills Assessment Worksheet

Transferrable Skills generally are not associated with a particular job or task. Transferable skills are usually broader and related to leadership, communication, critical thinking, analysis, and organization. These are skills that can be transferred and utilized in a variety of different kinds of jobs and career paths.

Print the list of skills below and mark each column as described. ***You can have the same skill marked more than once in each column.***

1. What skills have you already acquired and feel competent doing? In the first column, mark each skill in which you feel competent.
2. What skills do you enjoy, even if you are not proficient at them? In the second column, mark those skills that you really enjoy.
3. What skills would you like to learn, acquire or develop further?

Skill	**1. Feel Competent**	**2. Enjoy/ Favorites**	**3. Would Like to Develop**
Communication Skills			
Write, edit, translate, interpret or critique words	✓		
Speak in public, debate, advocate, present or demonstrate an idea			✓
Facilitate a meeting			✓
Reading and following directions	✓		
Comparing or cross-checking two lists	✓		
Filling out forms	✓		
Writing reports, letters and memos correctly	✓		
Reading and understanding policies and memos	✓		
Comfortably speaking to others you do not know	✓		
Taking notes while someone speaks	✓		
Finding information	✓		
Using a map	✓		
Explaining things to other people	✓		
Know when to ask for help or more explanation	✓		
Counsel or advise others	✓		
Listening to others	✓		
Other(s):			

Number Skills	**1. Feel Competent**	**2. Enjoy/ Favorites**	**3. Would Like to Develop**
Compute, calculate, compare or record numbers			✓
Forecast, appraise or estimate numerical information			✓
Doing arithmetic correctly			✓
Using percentages and decimals			✓
Estimating costs and/or time needed to complete a job	✓		
Using a database program on a computer			✓
Using a spreadsheet on a computer			✓
Creating and managing a budget	✓		
Other:			
Creative/Artistic Skills			
Perceive intuitively, sense, show insight or have foresight	✓		
Use artistic ability, photograph, decorate, paint or sculpt	✓		
Use creativity, visualize, imagine, brainstorm or design	✓		
Use musical ability, sing, compose or play instruments			✓
Presenting artistic ideas	✓		
Visualizing shapes	✓		
Designing	✓		
Drawing, illustrating, sketching	✓		
Other:			
People and Social Skills			
Care, treat, heal, nurse or rehabilitate others	✓	✓	
Counsel, empower, coach, guide or listen to individuals	✓		
Host, comfort, please, make welcome or serve customers	✓	✓	
Plan social, recreational or other group events	✓		
Problem-solve, mediate or network with people	✓	✓	
Teach, train, instruct, inform or explain to groups	✓		
Caring for children responsibly	✓	✓	
Caring for the sick and elderly	✓	✓	
Calming people down	✓	✓	
Helping people complete a task	✓	✓	
Knowing how to get along with different people/personalities	✓	✓	
Leading groups or activities	✓		
Other:			

2. Which of the favorite skills listed above do you consider strengths or things that you are very good at (both column 1 and 2 would probably be marked)? ***Include the main skill category.***

I believe writing and reading, following directions, Speaking to others that i dont know, Note taking, Explaining things to other people. finding information and researching. Using Maps, Socializing, and Caring for people All art and Creativity, Calming Situations. are all my strong points.

3. Which (top five) skills would you like to develop, improve and/or learn (refer to skills marked in column 3)? ***Include the main skill category.***

Number Skills are what i definatly need to develope. And extra training is definatly needed on Nursing skills.

Skills Audit

Personal Skills	Example
People	
☑ Ability to get on with people from different backgrounds	Socialising at uni
☑ Ability to see and understand other people's points of view	Very Good at this
☑ Dealing with the general public	Enjoy this
☑ Teamwork	I enjoy this
☑ Managing other people	I try
☐ Teaching or training others	Not very good at this
☑ Negotiating	I try my best
☑ Helping others to arrive at decisions	I try my best
☑ Being sensitive to others' feelings	Im very sensitive to others
☑ Caring for others	I enjoy caring for others
☑ Ability to read other people's body language	Very much so
☑ Dealing with others by phone	Good at this
☑ Ability to cope with 'difficult' people	Im good at this
☑ Speaking clearly and to the point	I try my best.
☑ Being able to take direction from others	I am Good at this
☑ Courage to speak out against injustice	YES
☐ Other:	
Activities	
☑ Creativity, design and layout	Im very creative
☑ Ability to see the 'whole picture'	YES
☑ Classifying and organising information	YES
☑ Being good at argument and debate	YES
☑ Making decisions	Good at decision making
☑ Managing change and transition	change is always hard
☑ Setting priorities	YES Good at this
☑ Working out agendas	YES Good at this
☐ Organising work to meet deadlines	Very good at this
☑ Staying calm in a crisis	Good at this
☑ Facilitating meetings	Very punctual
☑ Reading complex texts	yes
☐ Word-processing	Need more help
☐ Computer literacy	Extra training needed
☐ Working with numbers	Need more training
☑ Selling	Good at this
☑ Problem-solving	Good at this
☑ Practical things	Very Good
☑ Seeing how things work	Love to
☑ Writing reports or official letters	Good at this.
☐ Other:	

	Personal Qualities	
☑	Ability to recognise my own needs and ask for help	YES
☑	Ability to learn from mistakes	I try
☑	Stress management	Try my Best
☑	Willingness to take risks and experiment	YES
☑	Assertiveness	YES
☑	Determination and perseverance	YES
☑	Ability to set my own goals	YES
☑	Maintaining a high level of motivation	YES Most of the time
☑	Ability to take responsibility for my own actions	YES
☑	Trust in my own abilities	YES
☐	Other:	

	Academic Skills	Example
☑	I have the confidence to try new things and express my ideas	YES I Enjoy this.
☑	I am self motivated and will persevere with difficult tasks	Very much
☑	I am organised and can meet set deadlines	Very much so
☑	I am able to find information from different resources easily	YES
☑	I can read complicated texts and understand the general meaning	Yes
☑	I am able to select what is relevant and what is irrelevant in text	Very much so
☑	I can compare different opinions and decide what are the best grounds for deciding who is right	I look to look at all angles
☑	I can write things in my own words	Often, overwrite
☑	I am able to reflect and evaluate my own work	YES
☑	I have good strategies for starting a new task/assignment	YES
☑	I have good time management skills and can organise my workload effectively	Very Well
☑	I am able to make, store and find my notes	Always
☑	I am able to manage a range of writing skills appropriately	I feel I can adequately
☑	I am able to think critically and analytically, and evaluate arguments	I can look at all points of view
☑	I have good memory strategies	Yes good at keeping Notes
☑	I know how to use IT to help academic study	Could be more confident
☐	I am confident at preparing and delivering oral presentations	Not Confident at this

Action Plan

Go back over your answers to the self-evaluation forms you have just completed. Focus on the different areas and identify your current strengths, the areas you wish to develop, and the areas that are a priority in aiding you in your future learning.
Date:
Summary of my current strengths, skills and qualities: what I have achieved so far Very good people skills and, im very punctual, practical, and considerate. I have a real love for creativity. Im good at keeping to deadlines. Im Compassionate and love Socializing and being around people.
Summary of what I need to work on, develop or improve Definatly need to improve maths and Computer skills. Also gaining Confidence Speaking in front of a Large group of people as in presentations.
My Priorities: what I am going to do, when and how I am going to keep up with my Studies, Do my application of Numbers and take any training opperkinities available
How will I know that I have improved? (e.g. What changed would I expect in my work, in myself, or in the attitudes of others?) I would find myself to be more Confident which others would also notice. I could then help others.

SECTION TEN
FUTURE GOALS

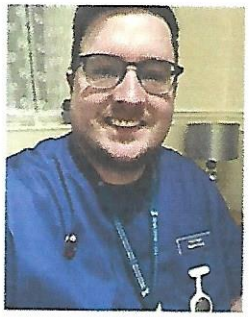
FUTURE GOALS

My future goals are to keep studying at university for my second year in Nursing and Healthcare and then to either apply for Health and Social Care in Swansea or my other options are to Do a B.A Social Studies degree or Public Health .There is also Health and care of Children and young people .At the moment I am undecided that is why I am going to go for a second year and gain the diploma in Nursing and Healthcare as Nursing is still an option if I can gain my Maths . Maths is a future goal for me and also as much training as possible and any opportunities that are offered I will be applying for .I also want to keep applying for jobs as a healthcare support worker as this would really help to put me in a ward setting or to find a job within social services somehow . I also want to top up my computer skills as I feel I am not confident enough in this area .I am so undecided about which direction to go as I know that a job within the N.H.S would be a very rewarding job for life but also challenging although I feel that most jobs are challenging .I also have gained a lot of experience with spinal cord injury and traumatic brain injury and have lived through its consequences and I feel that the experience I have and knowledge should be put to good use in the future .I have also signed up to volunteer for St johns ambulance service at the university . Another goal I have which is to continue my love of ceramics and pottery and it is a possibility that I could use my experience and knowledge to creatively help people in rehabilitation somehow .These are thought at the moment ,as you can see I am at a crossroads in life .













Dip HE Nursing Studies and Health

If you are one of the 52% of applicants who have not received a place in your first choice health professional degree, then this is the course for you.

This unique programme is designed to increase your chances of gaining entry into your first choice degree. The Dip HE Nursing Studies and Health Programme is offered as flexible route qualification. This means you are able to keep applying to your first choice degree while you study with us and leave the course at the end of year one or two depending on when you gain your place.

We will support you 100% to achieve your dreams and aspirations.

We offer flexible programmes which work around you and your life as much as possible. All our courses are offered as FULL or PART time programmes.

PATHWAY OPTIONS & HOW TO APPLY

APPLY NOW BOOK AN OPEN DAY BOOK A TASTER DAY

REQUEST INFORMATION

Faculty:
Faculty of Business and Management

Contact Details:
Amanda Owens
Contact Email:
s.atkinson@uwtsd.ac.uk

Institution Code: **T80**
University of Wales Trinity Saint David

Tuition Fees 2019/20:
£9000 (Home/EU)
£11500 (Overseas)

Key Facts

Location:
Carmarthen | Swansea

Language Choice:
English

Course Length:
Flexible exit points:
Nursing Studies and Health (Cert) – 1 year
Nursing Studies and Health (Diploma) – 2 years
Options available to study a 3rd year BSc in other UWTSD Health related programmes

BSc Health and Social Care

How to apply (/apply/how-to-apply-undergraduate/)

Book an open day (/visitus/)

1.
2.
3.

-
-
-

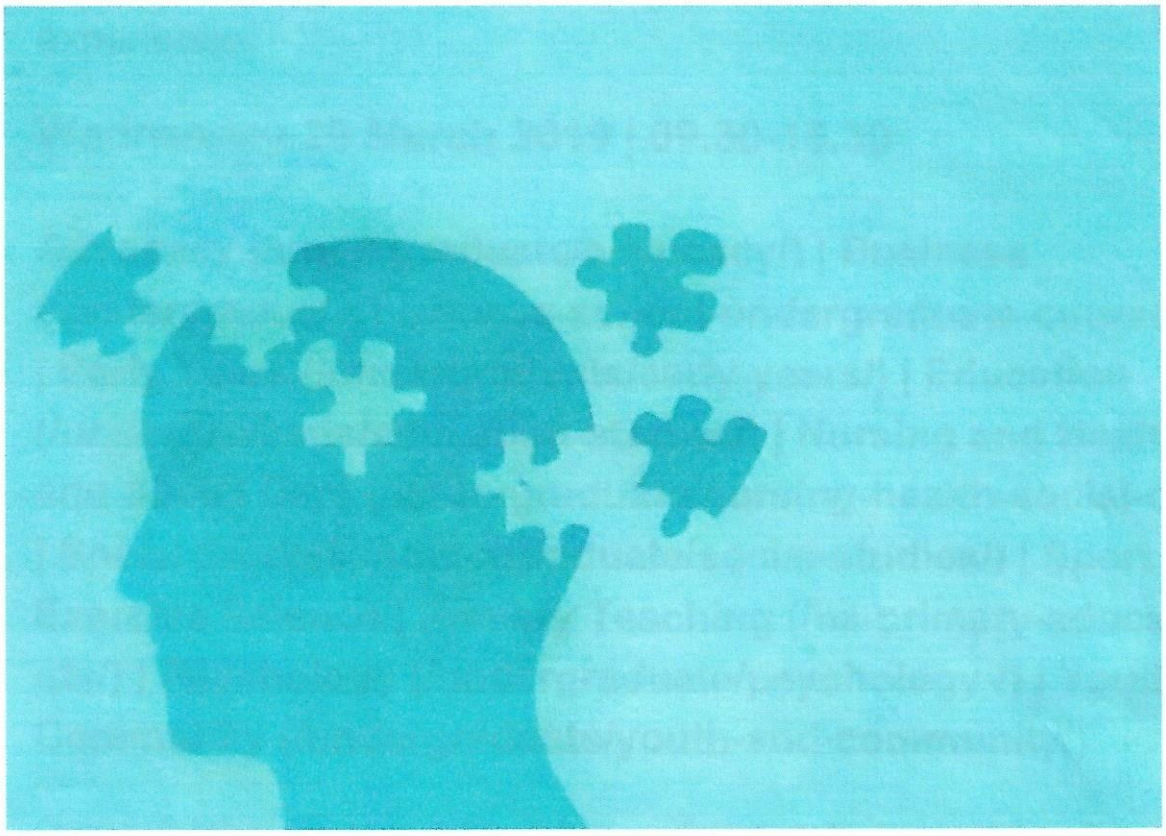


92% of UWTSD's Social Work students agreed that they have been able to contact staff when they needed to – NSS 2018.

BSc Mental Health

How to apply (/apply/how-to-apply-undergraduate/)

Book an open day (/visitus/)



95% of UWTSD students at the School of Psychology agreed that staff are good at explaining things – NSS 2018.

Writing a health and social care personal statement

Writing a health or social care personal statement is an important part of your application process, whether you are applying for a nursing, midwifery or allied health profession course.

Health and social care Admissions Tutors and Course Leaders from the University of the West of England (UWE Bristol) share their top dos and don'ts:

Do:

- Show us you are interested in and have an insight into the profession you are applying for.
- Tell us why you want to study your health or social care course.
- Show us that you are motivated and prepared for a career in health or social care.
- Tell us about your relevant experiences, including any clinical visits.
- Explain why you would be a caring, competent and compassionate health or social care professional.
- Visit the relevant professional body website to get a deeper understanding of the issues facing your profession.
- Demonstrate that your personal values and behaviours reflect the NHS Constitution.
- Check your spelling and grammar.

Do not:

- Forget to mention why you want to become a health or social care professional.
- Talk about one particular University (if you are applying to many).
- Forget to talk about your relevant experiences and transferrable skills.
- Be broad in your statement – make it focused on your particular branch of health or social care.
- Come across as not having values that align with the NHS Constitution.
- Rely on your computer spell checker to spot spelling and grammatical errors.

Useful health and social care resources:

- Explore health and social care roles - www.healthcareers.nhs.uk/explore-roles
- Learn more about becoming a nurse or midwife - www.nmc.org.uk/education/becoming-a-nurse-or-midwife
- Information about the NHS constitution - www.healthcareers.nhs.uk/about/working-health/nhs-constitution
- Information about becoming Health and Care Professions Council (HCPC) registered - www.hcpc-uk.co.uk/audiences/studentsandapplicants

To find out more about health and social care courses at UWE Bristol, visit www.uwe.ac.uk/healthcare.

SECTION ELEVEN REFERENCES

REFERENCES

Kreuter, M., Sullivan, M., Dahllöf, A.G. and Siösteen, A., 1998. Partner relationships, functioning, mood and global quality of life in persons with spinal cord injury and traumatic brain injury. Spinal cord, 36(4), p.252.

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www.uwtsd.ac.uk/dip-he-nursing-studies-health//(accessed 12 APRIL 2019).

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www2.uwe.ac.uk/services/Marketing/what-can-i-study/pdf/Writing-a-health-social-care-personal-statement.pdf(accessed 17 APRIL 2019).