



NATIONAL INSTITUTE FOR THE DEAF
DEAF ADULT AND ELDERLY CARE
NURSE

The ideal candidate will be responsible for the medical care and guidance of Deaf and disabled adult and elderly people

REQUIREMENTS

- Registered Nurse
- Management skills
- Good people skills
- Good communication skills
- Computer skills
- Must be able to work in a team
- Minimum of 2 years' experience in working with the Deaf and/or Disabled
- Willing to work shifts and weekends
- Valid Driver's licence (Code 8)
- Willing to live on the premises

RECOMMENDATIONS

- Sign language skills / willingness to learn sign language
- Completion of course in Social Competency Model (SoCoMo)

DUTIES

- Managing of Medical Services
- Medical care of residents
- Interaction with residents
- Distribution of daily medication
- Taking blood pressure readings and HGT's of residents
- Wound care
- Communication with visitors and family of the residents
- Guidance / training of residence regarding Health & Safety
- Counselling / training programs caregivers and staff
- Administration and reporting

CLOSING DATE: 15 February 2019

DATE OF COMMENCEMENT: 1 April 2019

SEND APPLICATION AND CV TO:

The Chief Resource Officer
National Institute for the Deaf
P O Box 941
WORCESTER
6849

NO APPLICATIONS VIA FAX OR EMAIL WILL BE ACCEPTED

If you receive no response by 28 February 2019, your application was unsuccessful

NID INLIGTINGSVORM vir AANSOEKERS / NID INFORMATION FORM

| | |
|------------------------------|-------|
| Van/Surname: | _____ |
| Volle name/Full names: | _____ |
| Noemnaam/Nickname: | _____ |
| ID no/ID nr: | _____ |
| Geboortedatum/Date of Birth: | _____ |
| | _____ |
| SeIno/Cellnr: | _____ |
| Tel. (h): | _____ |
| Tel (w): | _____ |
| e-pos/e-mail: | _____ |
| Woonadres: | _____ |
| | _____ |
| | _____ |
| Posadres: | _____ |
| | _____ |

| | |
|---|-------|
| Huwelikstatus/Marital status: | _____ |
| Afhanklikes/Dependants: | _____ |
| | _____ |
| Ras/Race: | _____ |
| Gestremdheid/Disability: | _____ |
| Bestuurslisensie (en kode)/ Driver's licence (and code): | _____ |
| Kwalifikasies/Qualifications: (naam en datum/name and date) | _____ |
| | _____ |

| | |
|---|-------|
| Het u/Do you have: | |
| Mediese fonds/Medical Fund: | _____ |
| Pensioen/Pension: | _____ |
| U salarisverwagting/Salary expectations: | _____ |
| | _____ |

Huidige pos / Current post:

Vorige ondervinding /
Previous experience

Verwysings/References

(name, company, tel nrs.)

(naam, onderneming, tel
no's.)

1.

2.

3.

4.

**Algemene inligting/ General
information:**

1.

2.

3.

4.

Hiermee verklaar ek dat al die inligting juis en korrek is /
Herewith I declare that the information is true and valid.

Handtekening/Signature:

Datum/Date:
