



NATIONAL INSTITUTE FOR THE DEAF

NID CARE

RESIDENTIAL MANAGER

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

REQUIREMENTS

- Medical qualification / Proof of Registration
- Management experience and skills
- Knowledge of therapeutic / social work disciplines
- Good Interpersonal skills
- Good Communication skills
- Computer Literacy
- Administrative skills
- Valid Driver`s licence (code 8)
- Minimum of 10 years` experience in managing a facility for elderly people

RECOMMENDATIONS

- Previous experience in working with people with disabilities
- Sign language skills / willingness to learn sign language
- Completion of course in Social Competency Model (SoCoMo) or willingness to complete course in social competency model.

DUTIES

- Total Care of Residents in 7 Group homes - Deaf adults with multiple disabilities and elderly Deaf
- Interaction with Residents
- Following a Bio Psyco Social and Spiritual approach
- Managing of Employees / Carers / Housemothers and Housefathers
- Communication / Liaising with Visitors, Family of The Residents and Professional People
- Management of budget and stock management
- Administrative Tasks
- Management of Facilities with Regard to Maintenance
- Health and safety

CLOSING DATE: 15 February 2019

DATE OF COMMENCEMENT: 01 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 faxes or emails 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: | |
| | |
| Selno/Cellnr: | |
| Tel. (h): | |
| Tel (w): | |
| e-pos/e-mail: | |
| Woonadres: | |
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| | |
| Posadres: | |
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|---|--|
| 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:
