

Woolwich Office: 77A Woolwich New Road, Woolwich, London SE18 6ED Tel: 0208 854 8665/0208 795 5959 Fax: 0208 317 1700 Web Page: www.capitalhomecareltd.co.uk

Date: ____ / ____ / ____

Dear Applicant

Thank you for your enquiry regarding the post of **CARE SUPPORT WORKER**. I am enclosing an application form together with a job description and a person specification.

Please ensure that when returning the application form that you have filled in all parts of the form leaving no employment gaps. If there are any gaps in your employment history the processing of your application will be discontinued. In order to meet the aims and commitments of this organisation's equality policy, can you please also complete the Equality and Diversity Monitoring form enclosed with this application form. In addition, please supply the names of two people who are willing to act as your referees; one of them must be your current/previous employer or educational institute. In the event that you are short listed for an interview, please ensure that you bring with you some form of identification.

As mentioned in the job description may I remind you that the possession/use of a mobile phone is an essential requirement for this post.

When you have completed the application form could you please return it to one of the above addresses as ticked in person and not by post. Ensure you provide documentary proof of any material claim you may have made on your application form. For example, qualifications, training, etc.

DOCUMENTS TO ACCOMPANY YOUR APPLICATION FORM

- Passport or Home Office Documents
- At least 2 different utility bills (Gas/Electricity/Telephone etc.) showing your name and address
- One passport sized photograph
- Your National Insurance number (NI)
- Certificate(s) indicating your qualifications in the care industry if any
- Certificate(s) of training if any
- Current DBS certificate if any

Note:

A DBS Disclosure Application Form is also enclosed for you to fill and return with your application form. You need to fill in this form even if you already have a DBS Certificate; if you are unsure about how to fill in the DBS Form please do not panic – bring the form back to one of our offices and we will assist you in completing it. The prospect of you working with us depends on the successful outcome of your DBS Disclosure Application Form; Section F of the DBS Form can be ignored.

Thank you for your interest in CHC and I look forward to hearing from you soon.

Yours faithfully,

Shadwick Kens

Business Manager For Capital Homecare (UK) Ltd.



CHC APPLICATION FORM

Please comp			_				-			-
easily read of form, otherw						• •	n all	parts	s oj	inis
How did you	ise you	r upp	///Lu			related to anyon	e			
hear about this vacancy?		who works at Capital Homecare Limited?			YE	S	NO			
Post applied for:						Full-time)	Part-ti	ne (
Please note that applicants will be considered for interview on the basis of successfully demonstrating that they meet the criteria listed as essential in the Personnel Specification. You are advised to read the Personnel Specification (Pg. 12) before filling in this application form.										
Personal Details										
Full Name:										
Address:										
Home Tel No:										
Mobile No:										
Email Address:										
DOB:						Insurance No:				
Do you have EU pa or Home Office do		YES		NO	Permit?	Do you hold a Work Permit?			NO	
Do you require a p work?	ermit to	YES		NO		Expiration date of Current Permit?				
Do you have a full licence?	driving	YES		NO	Do you ha Car?	Do you have access to a Car?			NO	
How much notice have to give?	do you				i					
Do you speak any	other lang	nguages apart from English?				YES		NO		
If yes what are the	ey?									
Who do we contac	ct in case (of an er	merge	ncy?						
How are you relate			persor	n?						
Contact person telephone number:	Hom N					Mobile No:				
	E	Bank	/ Bι	uildin	ng Societ	y Details				
Account Holder's	Name:									
Bank Sort Code:					Account N	lo:				
Bank Branch Name:										
Bank Branch Add and Post Code:										
Building Society Roll No:										

		Educatio	on				
Please give details of any q example given.	ualifications, fu Verification of c	rther education	on or specia) may be so	alized skills ought by th	s you have completed – e employer.		
Schools / Colleges / Institutes Addresses	Da Start	ites Finish	Sub	ject	Qualifications Obtained Grades		
///////////////////////////////////////	Otart						
		Training	g				
List any relev	ant training cou	urses you hav	_		ef details:		
Name of Training Institution	Description of	Training given	Da Start	Finish	Qualification(s) Obtained		

E	Employment History							
Please ensure you give a 15 years employment history, starting with your most recent employer. If there are gaps in your employment history, please use the employment gap declaration form provided below.								
Name & Address of Employer:	Post Held & Duties	Da From	Salary or Wages					
		FIUIII	То	Wages				
Reason for leaving:								
Reason for leaving:								
Reason for leaving:			1					
Reason for leaving			1	1				
Reason for leaving		1	1	1				
Reason for leaving			1					
Reason for leaving		1	1	1				

Employment Gap Declaration

Gaps in employment history: If there are any gaps in your employment history, please explain them below. For example, take time off from work to nurse a child, never had a job for quite a while after leaving college, period of unemployment, in university or higher education etc.

Date	From	Date To	What were you doin	g?
	The	Aauluu	m 9. Immigration	Λ at 1006 (Amondment 2004)
		-	Č	Act 1996 (Amendment 2004)
				on Act 1996 it is necessary for us to establish if all irements of the Act. It will be necessary for you to
-		-		least original two of the following: Please tick as
-	ropriat			
1			previous employer (e.g. P45, P6	0 or a Pay Slip)
2			e Inland Revenue (showing your	
3	A docu	iment from the	e Benefit Agency (showing your	name and NI No)
4	Passpo	ort: which sho	ws you are either a British or a l	European Union (EU) citizen
5	A Birth	Certificate co	onfirming birth in the UK	
6	A certi	ficate of regist	ration or naturalization as a Brit	ish citizen
7	Home	Office letter c	onfirming entitlement to work in	the UK
8	Two do	cuments for	proof of address (utility bills, bar	k statement etc.)
			Immu	inization
to pr that	ovide sa vaccinat	afeguards for tion against t	the Service User, the CSW ar	are aware of the importance of immunization. This is in order of their families. With regards to this it is particularly important obtained and frequently maintained. However, this is not an ory basis:
	Pollic	0		Rubella / Mumps / Measles
	TB			Diphtheria
	Teta	nus		Hepatitis B

Job Related Experience / Qualifications

Please read the Job Description and Personnel Specification carefully (Pg.11 & Pg.12) and use this space to convince us that you are qualified for the vacant position. You need to draw on experience from your previous works (this could be voluntary, temporary employment or if you have provided care for someone at home) whether related or not but which contain elements of the Job Description and/or Personnel Specification that are vital for this position. It is important that you tell us as much as possible as the information you provide here will be used to determine whether or not you will be short-listed for an interview. You can also use one additional sheet of A4 should you need to.

Court Convictions

Due to regulations made by the Care Quality commission (CQC), it is mandatory for all employees within the Care Sector to have criminal record checks done by the Disclosure & Barring Service (DBS).

Rehabilitation of Offenders' Act 1974 (Exceptions order 1975)

The exceptions order does not apply to this vacancy because of the nature of the work for which you
are applying and the post is exempt from the provisions of section 4(2) of the Act. Applicants are not
entitled to withhold information about convictions that would be otherwise spent under the provisions
of the above act. Information given will be completely confidential. You must declare any criminal
convictions, cautions and or pending prosecutions. If you have no convictions or cautions please state
NONE below. If you have convictions and or cautions please state what below:

	The Barring List	YES	NO
To your know the Barring Se	ledge do you know if a referral has ever been made against you to ervice?		
If yes please state what:			
	Criminal Convictions	YES	NO
Do you have	any criminal convictions?		
If yes please state what:			
	Disciplinary Action	YES	NO
state what: Has any disc	Disciplinary Action iplinary action been taken or pending against you? If Yes, state bace provided. You can also use one additional sheet of A4 should	YES	NO

References									
Please give the contact for a referred are unable to use of the page.	erence. C	One must be you	ir mo	st recent emp	oloye	er. If for wh	atev	er reasor	n you
	1st Referee (Most Recent Employer)								
Name of Referee:				Company Name	e:				
Post Held:				Relationship to Employer:	to				
Company Address:									
Telephone Number:				Company Ema Address:	ail				
		2n	d R	eferee					
Name of Referee:				Company Name	e:				
Post Held:				Relationship t Employer:	to				
Company Address:									
Telephone Number:				Company Ema Address:	ail				
In what cap	pacity	do you kno	ow 1	the secor	nd	referee	Plea	ase tick J appr box as belov	
Previous Employer		Teacher/Tutor		Vicar		lman:		Other:	
If Other Please Specify:									
If you cannot obtain a reference from your most recent employer please state why:									

CHC Equal Opportunities Monitoring Form

Capital Homecare (UK) Limited has an Equal Opportunities Policy; in order to ensure that the policy is effective CHC is using this Equal Opportunities monitoring system. This information is confidential and will be used solely for the purpose of monitoring and planning our services and procedures. Please tick (\checkmark) the boxes that describe you best:

Gender	Tick Here
Male	
Female	

Gender

Gender	TICK
Black (African)	
Black (Caribbean)	
Black (British)	
Black (Other) – Describe:	
White (British)	
White (Irish)	
White (Other) – Describe:	
Greek/Greek Cypriot	
Turkish/Turkish Cypriot	
Asian (Chinese/Vietnamese)	
Asian (Indian/Pakistani/Bangladeshi)	
Asian (Other) – Describe:	
Latin American	
Arab	
Mixed parentage – Describe:	
Others:	

If others please specify below:

	Where to return this application form:
Please return this application form to:	CAPITAL HOMECARE (UK) LIMITED
Address:	HR Department, 77A Woolwich New Road, Woolwich, London SE19 6ED
If you have further queries please call:	0208 854 8665 and ask to speak with the HR Manager

For Office Use Only							
Closing date:	Date	Date Received:					
Application form checked by:	Signature:	Signature:		Date:			
Interview date:	Job	Job offered?			NO		
Date References sent:	Reference	Reference Satisfactory:			NO		
Employee Start Date:							

Job Description

Purpose of the job

To provide high standard Personal and Practical support to vulnerable people with domiciliary care needs in their own homes, residential homes or at shelter accommodations. Your work will be overseen formally by the Service Coordinator/Manager and thereon by a Care Supervisor who will become your line manager, you will be reporting to your line manager.

Duties of the post include:

- Providing care at the homes of individuals with special needs and performing a range of supportive functions, including Personal Care, Emotional Support and Domestic Assistance as specified by Social Services / Service User.
- Complying with the directions and requests of the Service User, as far as this is possible and in line with CHC Policy Statements.
- Adhering to the policies of CHC and the principles upon which the service is based.
- Maintaining strict confidentiality of information regarding Service Users within the policies of CHC, the GDPR((EU)2016/679) and the Data Protection Act 1998.
- Bathing in bed / bathroom / chair/ and assisting Service Users with all aspects of personal hygiene.
- Assisting with dressing and undressing.
- Assisting with mobility using any specialized equipment provided Mobility Aids
- Assisting with laundering.
- Preparing light meals and cooking if required and washing up.
- Making and changing Services Users' beds when necessary.
- Making occasional but essential shopping trips and collection of prescriptions.
- Completing and submitting weekly Time-Sheets/Log in and out by using the ECM system provided and completing Expense Claim Forms.
- Completing Incident Forms and submitting them to CHC.
- Participating in Induction Training and regular and purposeful supervision and group meetings.
- Keeping the office informed of any changes that are required or changes in the Service User's condition in his/her service provision as specified by Social Services on the Care Plan.
- To administer service user medicines safely and reporting any dedication errors to your managers
- Taking the Service User to surgery (GP) or hospital appointments if stated on the Care Plan.
- Learning the organisation's Health & Safety regulations, complying with them and being responsible for the reporting of any concerns of the service to your line managers.

ADDITIONAL DUTIES FOR CARE WORKERS AT SUPERVISORY GRADE

- Conduct Risk Assessment and submit to the responsible line manager or evaluator
- To undertake client service reviews and assessments
- Supervise Care Workers, resolve matters between clients and care workers and then report measures taken or recommendations to your line manager
- To undertake introductory visits to service users so as to introduce care workers and the organisation work practices before commencement of care
- To arrange for cover care workers and informing the office of such arrangements
- Training new care workers in service delivery specific to user needs most significantly on transfer aids
- To undertake care workers performance appraisal and recommending training requirements
- Visiting clients for face-to-face interviews, spot checks, telephone monitoring, and reviews
- Communicating with the office, social services, care workers, external agencies & health professionals
- Ensure clients have in their folders all the necessary documents
- Any other duties that you might be called upon to undertake from time to time

Personnel Specification

Criteria or Requirements

Methods of Assessment

- AF Application Form
- I Interview E Essential
- D Desirable

A. Experience and Education	AF	I	Е	D
1. Education	\checkmark			
2. Relevant experience within context of caring	\checkmark	\checkmark	\checkmark	
3. Ability to demonstrate basic knowledge of Health & Safety procedures	\checkmark	\checkmark	\checkmark	
4. Knowledge of keeping client records & confidentiality	\checkmark	\checkmark		
5. Understanding and knowledge of Equal Opportunity in care	\checkmark	\checkmark	\checkmark	
6. Experience in Report writing	\checkmark	\checkmark	\checkmark	

B. Knowledge / Skills / Abilities	AF	I	Е	D
1. Ability to communicate effectively and clearly	✓	✓		\checkmark
2. Responsibility / Interpersonal skills / Emergency procedures	✓	\checkmark	\checkmark	
3. Demonstrable knowledge of Risk Assessment		\checkmark	\checkmark	
4. Punctuality and reliability	\checkmark			\checkmark
5. Knowledge of observable professional boundaries at work		✓	✓	
6. Knowledge of Community Care Services' and service providers' responsibilities	~	✓		
7. Literacy and Numerical abilities		\checkmark		\checkmark