

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
- 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,

Business Manager
For Capital Homecare (UK) Ltd.

Domiciliary Care Agency

Capital Homecare is Registered in England as a Private Limited Company No. 7469685
Registered with the Care Quality Commission (ID: 1-699256134)

CHC APPLICATION FORM

Please write clearly in CAPITAL LETTERS using **Black** ink. Please also ensure that you fill in **ALL PARTS OF THIS FORM**, otherwise your application for this post may be **REJECTED**.

Post applied for: _____ Full – Time Part – Time

How did you hear about us? _____

If it was in a publication, please state which one: _____

If offered the job when could you start? _____

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 – Please fill in clearly using CAPITAL LETTERS

Full Name: _____

Address: _____

Town: _____

City: _____

Post Code: _____

Home Telephone No: _____

Mobile(s): _____ / _____

Date of Birth: ____ / ____ / ____

National insurance No: _____

Email address: _____

Do you speak any other languages apart from English? Yes No

If yes what are they? _____

Who do we contact in case of an emergency?

Name: _____

Tel No(s): _____ / _____

Bank / Building Society Details

Account Holder's Name: _____

Bank Sort Code: _____

Account No: _____

Building Society Roll No: _____

Bank Branch Name & Address: _____

_____ Post Code: _____

Education

Schools / Colleges / Institutes Addresses	Dates		Qualifications Obtained Grades
	Start	Finish	

List any relevant training courses you have attended, giving brief details

Name of Training Institution	Description of Training given	Dates		Qualification(s) Obtained
		Start	Finish	

Employment
(Most recent first)

Employer's Name & Address	Post Held & Responsibilities	Dates		Salary or Wages	Reason(s) for Leaving
		From	To		

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.

Employment Gap Declaration

Date From	Date To	What were you doing?

Do you require a Work Permit?

Yes

No

Under the provision of the Asylum & Immigration Act 1996 it is necessary for us to establish if all personnel working for our organisation satisfy the requirements of this Act. It will be necessary for you to produce **AT THE TIME OF THE INTERVIEW** at least one of the following:

- A document from a previous employer (*e.g. P45, P60 or a Pay Slip*)
- A document from the Inland Revenue (*showing your name and NI No*)
- A document from the Benefit Agency (*showing your name and NI No*)
- Passport: which shows you are either a British or a European Union citizen
- A Birth Certificate confirming birth in the UK
- Home Office letter confirming entitlement to work in the UK
- Two documents for proof of address (utility bills, bank statement etc.)

Immunization:

It is very important that Care Workers are aware of the importance of immunization. This is in order to provide safeguards for the service user, the care worker and their families. With regards to this it is particularly important that vaccination against the following is advisable to be obtained and frequently maintained. However, this is not an employment requirement rather it is introduced on advisory basis.

- Polio
- TB
- Tetanus
- Rubella / Mumps / Measles
- Diphtheria
- Hepatitis B

Membership of Clubs, Societies or other Organisations

Please declare any activity, work commitment or voluntary work which may cause a conflict of interest.

Name of Organisation	Work Undertaken	Dates and Times	
		From	To

References

You must give us the names and addresses of two individuals to act as your referees, the first referee MUST be either your current/previous employer or educational institute.

Referee 1

Name: _____

Address: _____

Post Code: _____

Tel No: _____ / _____

Referee 2

Name: _____

Address: _____

Post Code: _____

Tel No: _____ / _____

In what capacity do you know the second referee?

(Please tick ✓ the appropriate box)

Current/Previous Employer

Teacher/Tutor

Colleague

Vicar/Iman

Other: _____ (Please Specify)

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.

Disciplinary

Have you ever been subject to any disciplinary proceeding in any previous employment?

- Yes
- No

Rehabilitation of Offenders Act

The work for which you are applying is exempt from the provisions of the *Rehabilitation of Offenders Act*. You **MUST** declare any criminal convictions, cautions and/or pending prosecutions even those considered **spent**. If you have no convictions and/or cautions please state **NONE**.

DECLARATION

The EEC Working Time Regulation (*WTR*) recommends that an employee should not exceed a 48 hour working week (*without sufficient periods of rest*).

All employees are therefore required to sign an agreement stating whether or not they wish to exceed these recommendations.

Please tick ✓ one of the following: -

- I wish to work more than 48 hours.
- I do not wish to work more than 48 hours.

I declare that all the preceding information and statements are true to the best of my knowledge; I authorize CHC to make any inquiries deemed necessary in order to verify the information that I have given and I agree to inform them of any convictions and/or cautions received **after** taking up employment.

I confirm acceptance of all the conditions outlined.

Signature: _____

Date: ____ / ____ / ____

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 (✓) the boxes that describe you best:

Gender	Tick Here
Male	
Female	

Ethnic Origin	Tick Here
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:

Thank you for helping us with this information.

<u>For Office Use Only</u>	
Application Form checked by: _____	Date: ____ / ____ / ____
Signature: _____	
Employee Start Date: ____ / ____ / ____	Employee End 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 medication 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	E	D
1. Education	✓			
2. Relevant experience within context of caring	✓	✓	✓	
3. Ability to demonstrate basic knowledge of Health & Safety procedures	✓	✓	✓	
4. Knowledge of keeping client records & confidentiality	✓	✓		
5. Understanding and knowledge of Equal Opportunity in care	✓	✓	✓	
6. Experience in Report writing	✓	✓	✓	

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