APPLICATION FORM

Position Applied for:

Prepared to work: Full Time Part Time:

**PERSONAL DETAILS**

YOUR ADDRESS:

SURNAME:

**CONTACT DETAIL**

FIRST NAME:

MOBLE NUMBER

EMAIL ADDRESS

DATE OF BIRTH: MOTHERS MAIDEN NAME (FOR dbs):

YOUR NATIONAL INSURANCE NUMBER:

NEXT OF KIN NAME: NEXT OF KIN PHONE NUMBER:

DO YOU OWN A CAR? YES NO

DO YOU HAVE A DRIVING LICENCE YES NO

HAVE YOU ANY CURRENT ENDORSEMENTS? YES NO

IF YES, GIVE DETAILS

ETHNIC BACKGROUND? Applicants are requested to tick the relevant boxes below to enable the organisation to monitor its equal opportunity policy. Monitoring is recommended by the Codes of Practice for the elimination of racial discrimination and for the elimination of discrimination on the grounds of sex and marital status. This information is used for no other purpose and will be treated as confidential.

White – British  Mixed – Other

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**PREVIOUS EMPLOYMENT HISTORY**

**Present OR Last** employer:

Address:

Job title

Duties/responsibilities

Reason for leaving

Date

FROM: To:

**Previous employer**:

Address:

Job title

Duties/responsibilities

Reason for leaving

Date

FROM: To:

**Previous employer**:

Address:

Job title

Duties/responsibilities

Reason for leaving

Date

FROM: To:

**REFERENCES**

THIS SECTION MUST BE COMPLETED. 2 REFERENCES REQUIRED

A WORK REFERENCE AND/OR A PERSON KNOWN TO YOU FOR OVER 2 YEARS.

**REF.NAME 1**:

ADDRESS:

ORGANISATION:

OCCUPATION:

TEL.NUMBER:

EMAIL ADDRESS:

**REF NAME 2:**

ADDRESS:

ORGANISATION:

OCCUPATION:

TEL. NUMBER:

EMAIL ADDRESS:

OCCUPATIONAL QUALIFICATIONS:

**Secondary Education**

**School name:**

From: To:

**Further Education**

**College/Uni**

From: To:

**College/Uni**

From: To:

**RECRUITMENT POLICY**

It is the organisations policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, ethnic origin, national origin, sex, sexual orientation, religion or belief, pregnancy, trans-gender status, marital or civil partner status, age or disability.

I authorise the organisation to obtain references to support this application once an offer has been made and accepted and release the organisation and referees from any liability caused by giving and receiving information.

I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement will be sufficient cause for rejection or, if employed, dismissal.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**JOB DESCRIPTION**

**Home Carer**

***Reporting to:* Co-ordinator / Home Care Manager**

***Job Purpose:***

To assist service users with all aspects of daily living

To maintain service user’s personal, physical and intellectual independence

To provide care and support in a way which maintains and respects the

privacy, dignity and lifestyle of the person receiving care at all times

To provide personal, domestic and social assistance as per care plan

**Main Responsibilities:**

• Assist service users with personal care including getting in/out of bed, washing, dressing,grooming and undressing, as per individualised care plan

• Assist service users with all their toileting needs, including emptying catheter and colostomy bags, and promote continence when appropriate

• Provide domestic and social care including preparation of meals, housework and shopping, also escorting service users to and from their homes, in accordance with the contract and individualised care plan

• Provide all necessary assistance with service user’s dietary and fluid intake, and report any changes or observations to co-ordinator/manager.

• Assist service user with the identification and taking of medication and record this in line with organisational and legal requirements

• Record all care provided in the appropriate documentation and inform coordinator/manager of all changes to health status

• Comply with all legislation and organisational policies regarding Health and Safety, Fire

Regulations and other policies contained within the staff handbook

• Report all hazardous conditions, any faulty or defective equipment and security concerns immediately to co-ordinator/manager

• Ensure all activities are performed with highest regard for service user’s property and comply with their wishes, needs and state of mind as assessed at each visit

• Maintain dignity, privacy and confidentiality at all times

• Undertake telephone log-in duties at start and end of call

• In the event of no telephone log-in complete timesheet correctly at the end of each visit, request signature from service user or their representative and submit this promptly to Organisation’s office

• Report all suspected and actual incidents in accordance with the Organisation’s Whistle Blowing policy on Safeguarding Adults

• Ensure full understanding of Personal Emergency Telephone and similar equipment and reinforce it’s use to service user and their visitors

• Attend service users punctually and reliably, presenting a friendly and professional

appearance as per dress code

• Represent the Organisation and it’s image favourably to all outside contacts

• Attend all mandatory training as per Organisational policy, and other training, including staff meetings and supervisory sessions, as requested This job description is subject to Organisational changes and demands and should be read in conjunction with the home carer person specification.

This job description will be agreed between the jobholder and the manager to whom he/she is accountable. It may be reviewed in light of experience, changes and developments

The information being handled by employees of Wealden Community Care is strictly confidential. Failure to respect the confidential nature of this information will be regarded as a serious breach of regulations, which will result in action under the Disciplinary Procedure including possible dismissal.

Employees must take reasonable care, and be aware of the responsibilities placed on them under the Health and Safety at Work etc. Act (1974) and to ensure that agreed safety procedures are carried out to maintain a safe environment for employees

**To confirm your identity all successful applicants will need to supply the following documents**

Uptodate Car insurance certificate

Current Driving licence

In Date Passport

Birth Certificate

Marriage Certificate

Recent utility bills X 2

**STATEMENT OF UNDERSTANDING**:

I ………………………………………………………….. understand and agree that my shadowing money will be paid to me a week in arrears. Training in the office forming part of the Induction will not be paid.

I will pay **half** of the cost for my DBS certificate on my first week of employment and the balance will be paid if I leave within six month and this will be deducted from my final salary payment.

Uniform will be deducted at £1 per week until it has been paid in full. It will be the property of Wealden Community Care until this is paid in full.

Signed: ……………………………………………...Date:……………………….

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I ………………………………………………………………. understand and agree that my employment will be based on working a minimum of 1 shift every other weekend, as agreed with the Care Co-ordinators of Wealden Community Care.

Signed ……………………………………………….Date……………………………

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I ………………………………………………………………. Understand the rates of pay for working will be as follows:

Hourly weekday rate is £8.80 and Weekend hourly rate is £9.38 Travel time is calculated on these rates.

Petrol after 5 miles each way has been deducted will be 28p per mile – all deductions will be taken off by wages department

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I , Agree to read and fully understand the staff handbook and standards of Wealden Community Care Ltd. If I do not I will contact the Members of the Team

Signed ………………………….. Dated……………………………………

***Health Declaration Form***

Please complete AND if any questions are answered “yes” give an explanation overleaf:

A neck injury Yes/No

A back injury Yes/No Shoulder injury Yes/No

A Torso injury Yes/No

A leg injury Yes/No Foot injury Yes/No

Weak Leg muscles Yes/No Weak Ankles Yes/No

Weak Arm muscles Yes/No Weak Hands Yes/No

Hernia Yes/No

Are You Pregnant Yes/No Suffer from Depression Yes/No

Are you on any medication Yes/No List Medications:

Have you ever had a seizure Yes/No

Have you had any recent operations which Wealden Community Care Ltd should be notified about?If so, **Date Please:**

I confirm that I am not suffering any conditions above, that would make me unfit to undertake work carried out in the community by Wealden Community Care. I understand fully any service user requiring Manual handling will have the correct equipment to use and I will have manual handling training and updates throughout my working time with the company.

Signed…………………………………. Date…………………………

On the Information Supplied by the above applicant I consider they are capable of working as a carer in the community

Signed:……………………………… Date…………………………

**NOTES**