

Welcome Independent Living Application Form

For office use	
Date received:	
Interview date if applicable:	
Successful Y/N	

BEFORE COMPLETING THIS FORM PLEASE READ THE JOB DESCRIPTION AND PERSON SPECIFICATION ON PAGES 13 AND 14 TO DETERMINE WHETHER OR NOT YOU WISH TO PROCEED WITH THE APPLICATION. THANK YOU.

If you would like to proceed with your application, please complete **ALL** sections. Please note: incomplete forms may invalidate your application. If you have any difficulty completing this form, please contact us. Please post/deliver completed application to: Welcome Independent Living, Suite One, New Oxford House, Albert Street, Hebden Bridge, HX7 8AH.

Where did you hear about us?	
-------------------------------------	--

Position Applied For:	Homecare Assistant	
Mr / Miss / Mrs / Ms (Please delete)	Forename	Surname
Middle name(s)	Previous Surname(s) (if applicable)	
Address & postcode:		
Home telephone:		
Mobile telephone:		
Email address:		
Date of birth:		
Nationality:		
National Ins No:		
Do you have a full clean driving license?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
If not, detail endorsements?	N/A <input type="checkbox"/>	
Do you own a car?	YES <input type="checkbox"/> NO <input type="checkbox"/>	

EDUCATIONAL HISTORY:

Please include university, college and high school

Name of University and qualification achieved:	
Start date:	
Finish date:	
Name of College and qualification achieved:	
Start date:	
Finish date:	
Name of High School:	
Start date:	
Finish date:	

EMPLOYMENT HISTORY

The following must be completed in full, starting with your most recent/current employer.
Please include your entire work history from leaving school and explain periods of un-employment.
Please continue on separate sheet of paper if necessary.

Name of Most Recent/Current Employer:	
Start date:	
Finish date:	
Position held & brief description of duties:	
Reason for leaving?	

Name of Employer:	
Start date:	
Finish date:	
Position held & brief description of duties:	
Reason for leaving?	

Name of Employer:	
Start date:	
Finish date:	
Position held & brief description of duties:	
Reason for leaving?	

Name of Employer:	
Start date:	
Finish date:	
Position held & brief description of duties:	
Reason for leaving?	

Please list all your other employment history below:	Please identify reasons for any gaps in employment here:

Type of service we provide, please tick areas appropriate to your skills and knowledge:

One to one support Supported Living Nursing home Head Injuries Physical Disabilities
 Children Younger people Adults Older people

TRAINING AND CERTIFICATES OBTAINED

(please tick appropriate boxes)

	Certificate obtained:	Date achieved:
Skills for care (OR EQUIVALENT) SFC includes these mandatory units: Safer people handling Health & Safety Infection control Food safety Basic first aid & CPR Safeguarding adults and these additional units: Personal care Nutrition & hydration Communication Person centered care Implementing duty of care Personal development Equality & inclusion	Yes <input type="checkbox"/> No <input type="checkbox"/>	
pYou may also need these:		
Managing violence & breakaway	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Medication	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Safer people handling	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Essential for Management Roles

Desirable	Certificate obtained	Date achieved
NVQ 2/3/4 (please specific which) Compulsory for managers	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Registered Managers Award Compulsory for managers	Yes <input type="checkbox"/> No <input type="checkbox"/>	

PRACTICAL ABILITY & PERSONAL CARE

(Please ONLY tick the tasks that you have had experience in providing)

Dressing/undressing:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Bathing & showering:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Bed bathing:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Shaving:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Oral care:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Nail care:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Incontinence:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Commodes/bedpans:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Catheter bags:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Colostomy bag:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Others:				
Others:				

PRACTICAL ABILITY: MOBILITY

Mobile hoists	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Ceiling hoists	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Bathing aids	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Walking aids	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Wheelchairs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Others:				
Others:				

PRACTICAL ABILITY: NUTRITION:

Preparing Meals	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Dietary Guidelines	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Support with Feeding	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
PEG Feeding	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Menu planning	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Others:				
Others:				

PRACTICAL ABILITY: GENERAL EXPERIENCE:

Dementia	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Learning Difficulties	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Physical Disabilities	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sensory Impairments	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Older people (frail)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Complex needs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Others:				
Others:				

GENERAL KNOWLEDGE & EXPERIENCE	
(Please ONLY tick the tasks that you have had experience in providing)	
Recruitment and selection of staff	Yes <input type="checkbox"/> No <input type="checkbox"/>
Supervision and appraisal skills	Yes <input type="checkbox"/> No <input type="checkbox"/>
Quality Assurance / audit skills	Yes <input type="checkbox"/> No <input type="checkbox"/>
Health and Safety awareness	Yes <input type="checkbox"/> No <input type="checkbox"/>
Disciplinary / investigations	Yes <input type="checkbox"/> No <input type="checkbox"/>
Policies and procedures	Yes <input type="checkbox"/> No <input type="checkbox"/>
Care / support planning	Yes <input type="checkbox"/> No <input type="checkbox"/>
Risk Assessments	Yes <input type="checkbox"/> No <input type="checkbox"/>
Regulatory requirements (CQC, Supporting People etc)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Experience of managing a team	Yes <input type="checkbox"/> No <input type="checkbox"/>
INTERPERSONAL SKILLS	
Conflict resolution	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mediation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Listening skills	Yes <input type="checkbox"/> No <input type="checkbox"/>
Flexibility	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ability to lead others	Yes <input type="checkbox"/> No <input type="checkbox"/>
INITIATIVE AND MOTIVATION	
Able to demonstrate a high level of initiative	Yes <input type="checkbox"/> No <input type="checkbox"/>
Able to set and achieve targets	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ability to implement changes on a daily basis	Yes <input type="checkbox"/> No <input type="checkbox"/>
Engage with others – customer, families, professional's	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ability to motivate others	Yes <input type="checkbox"/> No <input type="checkbox"/>
PRACTICAL ABILITY: GENERAL EXPERIENCE	
Dementia	Yes <input type="checkbox"/> No <input type="checkbox"/>
Learning Difficulties	Yes <input type="checkbox"/> No <input type="checkbox"/>
Physical Disabilities	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sensory Impairments	Yes <input type="checkbox"/> No <input type="checkbox"/>
Elderly (frail)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Complex needs	Yes <input type="checkbox"/> No <input type="checkbox"/>

SHORT-LISTING INFORMATION

Skills and Abilities / Knowledge & Experience / Qualities

This is an important part of the application. Please tell us why you are applying for this job. You should also be aware of how you meet the requirements of the person specification by providing details of your experience, skills and knowledge gained in employment, voluntary work or elsewhere.

ARRANGEMENT FOR INTERVIEW

If you have a disability, are there any arrangements which we can make for you if you are called for an interview and or / work based exercise?

Yes No

If yes, please specify, (e.g. ground floor venue, sign language, interpreter, audio loop etc)

Please list all absences from work in the past 12 months and the reasons for such absences:

SPECIAL REQUIREMENTS

Because this position involves the care of vulnerable adults / children, employment is dependent on the following:

1. Your written consent to obtaining an enhanced disclosure certificate from the DBS or an approved umbrella body.
2. Such disclosure being acceptable to us.
3. Proof of identity – birth or marriage certificate (where appropriate) and passport and driving license (if available)
4. Two satisfactory written references.
5. That you will supply a photograph of yourself for retention in your records.
6. Evidence of physical or mental suitability for your work.
7. That you notify us of any current medication you are taking which may impair your ability to work with children/vulnerable adults.
8. You notify us of anyone living in your household who has ever been cautioned, had any warnings and/or convictions regardless of how long ago they occurred.

REHABILITATION OF OFFENDERS ACT 1974

The Protection of Vulnerable Adults legislation requires us to carry out enhanced checks with the Disclosure and Barring Service for applicants whose role will give them substantial access to Vulnerable Adults. THE CHARGE FOR AN ENHANCED CRB CHECK IS £75 – This is payable back if you leave the service within 6 months. You are advised that this post is exempt from the provision of Section 4 (2) of the Rehabilitation of Offenders Act 1974. You are not entitled to withhold information about any criminal convictions which for other purposes are 'spent' under the provision of the Act. Any failure to disclose such convictions could result in an offer of employment being withdrawn or the employment being terminated. You are also required to disclose any cautions or warnings you may have received.

Have you ever been convicted in a Court of Law and /or cautioned in respect of a criminal offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
--	--

If yes, please give details:

I confirm I have read the above statement regarding the Rehabilitation of Offenders Act 1974. The information provided above is a true and accurate statement and I hereby confirm I **have/have not*** got a criminal record subject to the disclosure requirements of the Care Quality Commission

Name:

Signed:

Date:

PASSPORT AND WORK PERMIT DETAILS (for workers from overseas only)

Do you require a work permit to work in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>
---	--

Passport Nationality:

Place of Issue:

Passport Number:

Date of Issue:

Expiry Date:

Known restrictions in use:

DECLARATION

I hereby declare that the information provided on this form is complete and correct and any untrue or misleading information will give my Employer the right to terminate any employment contract offered.

I agree that Welcome Independent Living reserves the right to require me to undergo a medical examination.(Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor).

Name:

Signed:

Date:

EQUAL OPPORTUNITIES:

Welcome Independent Living is an employer embracing equality in race and opportunities for all staff and staff are selected on merit irrespective of race, sex, disability, etc. In order to monitor the effectiveness of our Equal Opportunities Policy we would ask all applicants to provide the following information. Please tick the relevant categories:

Please indicate the broad ethnic group to which you belong:

White (British, Irish, any other white background)

Black or Black British (Caribbean, African, any other black background)

Asian or Asian British (Indian, Pakistani, Bangladeshi, any other asian background)

Mixed (white and black, white and asian, any other mixed background)

Other (chinese, any other ethnic group) - please specify:

Not stated

Disability is defined by the Disability Discrimination Act as:

A physical or mental impairment, which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities. The disability could be physical, sensory or mental and must be expected to last at least 12 months.

Are you a disabled person as defined by the Disability Discrimination Act? Yes No

Gender Male Female

Sexual orientation Heterosexual Gay man/woman Bi-sexual
Prefer not to say Other

Marital status Married Single Divorced Other

How would you describe your **religion or belief**?

- Christian Buddhist Hindu Jewish
 Muslim Sikh None Prefer not to say
 Other (please specify)

References: One of these must be from your manager at your last place of employment, not just a colleague. The second one should also be from a previous employer if possible.

Name of referee 1:	Address and contact details:
Position:	
May we approach this person prior to interview? Yes / No	Email Address:
Name of referee 2:	Address and contact details:
Position:	
May we approach this person prior to interview? Yes / No	Email Address:
Name of referee 3:	Address and contact details:
Position:	
May we approach this person prior to interview? Yes / No	Email Address:

Homecare Assistant - Job Description

- Hours:** Flexible Hours (to include early mornings, late evenings and weekends)
- Reporting to:** Line Manager
- Job purpose:** To provide care and support to customers, following care plans and policies appropriately.

Desired qualifications

Care Certificate or Level 2 or 3 NVQ or the capacity to complete either qualification.

Key responsibilities

- Encourage customers to take control of how they choose to live their life using a person-centred approach.
- Assist with personal care and support as required (to both male and female customers)
- Follow and implement customers care and support plans.
- Monitor and record the administration of medication as per prescribed by the customers GP.
- Assist in the planning of recreational / social / vocational / educational events and activities, supporting the customer as necessary during such activities.
- To ensure that the philosophy of excellence is implemented in practise.
- Maintain accurate records in accordance with policy and procedure.
- Attend training sessions and meetings as requested; participate in development activities to maintain skills / knowledge in keeping with the role.
- Ensure effective and regular communication takes place between fellow team members.
- To ensure confidentiality is maintained at all times.

Administration

- To have a working knowledge of policies and procedures and ensure these are put into practise.
- To ensure that all administrative records and documentation as required are completed legibly and on time.
- To follow all local protocols within the service setting.

Equality and diversity

- Welcome Independent Living is a company committed to equality for all people, the post holder will be responsible to adhere to and implement the equality and diversity policy.

Professional development

- Meet with Line Manager on a regular basis to assess own performance against agreed objectives and identify development needs.

NOTES

The above job description maybe adjusted according to the developing service needs in conjunction with the post holder.

Homecare Assistant - Person Specification

	Essential	Desirable	Evidence interview	Evidence application
Qualifications:				
Care Certificate		✓		
Medication		✓		
Breakaway		✓		
Safer people/manual handling		✓		
NVQ level 2 or working towards.		✓		✓
Experience:				
Working in a social care environment e.g. residential/nursing, supported living.		✓	✓	✓
Customer service experience.		✓	✓	✓
Knowledge:				
Understanding of the needs/care/support of vulnerable adults. Understanding of care/support plans. Demonstrate and understanding of health and safety and risk assessment. Knowledge of CQC, Supporting People Standards.		✓	✓	✓
Specific Skills:				
Be able to verbally communicate clearly and effectively with customers, families, advocates and other professionals.	✓		✓	
Be able to produce a basic written report which is clear and concise.	✓			✓
Interpersonal Skills:				
Have a good level of interpersonal skills e.g. listening, team working abilities, empathy conflict resolution, and flexibility.	✓		✓	
Organisational Skills:				
Able to prioritise own workload.	✓		✓	
Problem Solving:				
Ability to resolve any day to day problems that may arise.	✓		✓	
Understand where to access support for problems that arise.	✓		✓	
Understand the need to support other with solving problems.	✓		✓	
Initiative and motivation:				
Able to work on own Initiative self-motivated.	✓		✓	
Training:				
Willing to undertake any training required.	✓		✓	
Other :				
Car user (full UK driving license).		✓	✓	
Acceptable previous attendance record:	✓		✓	
Satisfy conditions of employment, CRB, references etc.	✓		✓	