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

**Welcome** Independent Living

Application Form

BEFORE COMPLETING PLEASE READ PAGE 11 & 12

(JOB DESCRIPTION AND PERSONAL SPECIFICATION)

Then if you would like to apply, please complete ALL sections. Please note: incomplete forms may invalidate your application. If you have any difficulty completing this form please call us. Please post/deliver completed application to: Welcome Independent Living Ltd, Unit 3 Croft Mill, Albert Street, Hebden Bridge, HX7 8AH.

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| **Where did you hear about us?** |  |

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| --- | --- | --- |
| Position Applied For: | Care /support worker (personal 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  NO | |
| If not, detail endorsements? | N/A | |
| Do you own a car? | YES  NO | |

|  |
| --- |
| **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: |  |

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| **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-e  mployment.  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? |  |

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| --- | --- |
| 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? |  |

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

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| --- | --- | --- |
| **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  No |  |
| **You may also need these:** | | |
| Managing violence & breakaway | Yes  No |  |
| Medication | Yes  No |  |
| Safer people handling | Yes  No |  |

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| **Mandatory for managers** | | |
| Desired | **Certificate obtained:** | **Date achieved:** |
| NVQ 2/3/4 (please specific which)  **Mandatory for managers** | Yes  No |  |
| Registered Managers Award  **Mandatory for managers** | Yes  No |  |

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| **PRACTICAL ABILITY & PERSONAL CARE**  (Please ONLY tick the tasks that you have had experience in providing) | | |
| Dressing/undressing: | | Yes  No |
| Bathing & showering: | | Yes  No |
| Bed bathing: | | Yes  No |
| Shaving: | | Yes  No |
| Oral care: | | Yes  No |
| Nail care: | | Yes  No |
| Incontinence: | | Yes  No |
| Commodes/bedpans: | | Yes  No |
| Catheter bags: | | Yes  No |
| Colostomy bag: | | Yes  No |
| Others: |  | |
| Others: |  | |
| **PRACTICAL ABILITY: MOBILITY** | | |
| Mobile hoists | | Yes  No |
| Ceiling hoists | | Yes  No |
| Bathing aids | | Yes  No |
| Walking aids | | Yes  No |
| Wheelchairs | | Yes  No |
| Others: |  | |
| Others: |  | |
| **PRACTICAL ABILITY: NUTRITION:** | | |
| Preparing Meals | | Yes  No |
| Dietary Guidelines | | Yes  No |
| Support with Feeding | | Yes  No |
| PEG Feeding | | Yes  No |
| Menu planning | | Yes  No |
| Others: |  | |
| Others: |  | |
| **PRACTICAL ABILITY: GENERAL EXPERIENCE:** | | |
| Dementia | | Yes  No |
| Learning Difficulties | | Yes  No |
| Physical Disabilities | | Yes  No |
| Sensory Impairments | | Yes  No |
| Older people (frail) | | Yes  No |
| Complex needs | | Yes  No |
| Others: |  | |
| Others: |  | |

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

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| **DAYS AVAILABLE TO WORK:** (Please tick appropriate boxes) | | | | | | | | | |
|  | Monday | Tuesday | Wednesday | Thursday | | | Friday | Saturday | Sunday |
| Days |  |  |  |  | | |  |  |  |
| Evenings |  |  |  |  | | |  |  |  |
| Sleep over |  |  |  |  | | |  |  |  |
| Waking nights |  |  |  |  | | |  |  |  |
| **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  No | | | | |
| 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: | | | | |

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| **PASSPORT AND WORK PERMIT DETAILS:**  (For workers from overseas only) | |
| Do you require a work permit to work in the UK? | Yes  No |
| Passport Nationality: |  |
| Place of Issue: |  |
| Passport Number: |  |
| Date of Issue: |  |
| Expiry Date: |  |
| Known restrictions in use: |  |

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| **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 employer and 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?  Y/N | Email Address: |
| Name of referee 2: | Address and contact details: |
| Position:  May we approach this person prior to interview?  Y/N | Email Address: |
| Name of referee 3: | Address and contact details: |
| Position:  May we approach this person prior to interview?  Y/N | Email Address: |

**Care/Support Worker**

**Job Description**

**Hours:** Flexible Hours

**Reporting to:** Line Manager

**Job purpose:** To provide direct care and support to customers including:

* Customers in their own home.
* Nursing / residential home.
* Supported living.
* Recreational and leisure.

**Essential/desired qualifications:**

Skills for care, medication, safer people handling and infection control.

**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.
* 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.

**Care/Support Worker**

**Person Specification**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Essential** | **Desirable** | **Evidence**  **interview** | **Evidence**  **application** |
| **Qualifications:** |  |  |  |  |
| Care Certificate |  | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif |  |  |
| Medication |  | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif |  |  |
| Breakaway |  | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif |  |  |
| Safer people/manual handling |  | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif |  |  |
| NVQ level 2 or working towards. |  | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif |  | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif |
| **Experience:** |  |  |  |  |
| Working in a social care environment e.g. residential/nursing, supported living. |  | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif |
| Customer service experience. |  | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif |
| **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. |  | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif |
| **Specific Skills:** |  |  |  |  |
| Be able to verbally communicate clearly and effectively with customers, families, advocates and other professionals. | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif |  | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif |  |
| Be able to produce a basic written report which is clear and concise. | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif |  |  | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif |
| **Interpersonal Skills:** |  |  |  |  |
| Have a good level of interpersonal skills e.g. listening, team working abilities, empathy conflict resolution, and flexibility. | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif |  | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif |  |
| **Organisational Skills:** |  |  |  |  |
| Able to prioritise own workload. | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif |  | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif |  |
| **Problem Solving:** |  |  |  |  |
| Ability to resolve any day to day problems that may arise. | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif |  | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif |  |
| Understand where to access support for problems that arise. | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif |  | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif |  |
| Understand the need to support other with solving problems. | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif |  | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif |  |
| **Initiative and motivation:** |  |  |  |  |
| Able to work on own Initiative self-motivated. | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif |  | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif |  |
| **Training:** |  |  |  |  |
| Willing to undertake any training required. | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif |  | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif |  |
| **Other :** |  |  |  |  |
| Car user (full UK driving license). |  | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif |  |
| Acceptable previous attendance record: | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif |  | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif |  |
| Satisfy conditions of employment, CRB, references etc. | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif |  | Description: C:\Users\user\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SDE0XD0C\MM900185588[1].gif |  |

***Thank you for completing.***

***Please return at your earliest convenience.***

***We look forward to hopefully working with you.***