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

Welcome Independent Living

Application Form

BEFORE COMPLETING PLEASE READ THE GUIDANCE NOTES (ATTACHED) AND PAGES 13 & 14 (JOB DESCRIPTION AND PERSONAL SPECIFICATION)

Then if you would like to apply, please complete <u>ALL</u> 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.

Where did you hear	about us?		
Position Applied For:	Care /support	worker (perso	onal 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			
	Please ir		ONAL HISTORY: sity, college and h	nigh school	
Name of University and achieved:	qualific	ation			
Start date:					

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 <u>entire</u> 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:	
Name of Employer:	
Start date:	
Start date:	
Start date: Finish date: Position held & brief description of	
Start date: Finish date: Position held & brief description of	
Start date: Finish date: Position held & brief description of	
Start date: Finish date: Position held & brief description of	
Start date: Finish date: Position held & brief description of	
Start date: Finish date: Position held & brief description of	

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 histobelow:	ory	Please identify reasons for any employment here:	gaps in
Type of service we provide, please tic	k ared	as appropriate to your skills and k	nowledge:
One to one support Supported Living	g Nurs	ing home Head Injuries Physical I	Disabilities
Children Younger	peop	ole Adults Older people	
TRAINING AND CERTIFICATES OBTAINED: (Please tick appropriate boxes)			oxes)
Се	rtificat	e obtained:	Date achieved:
•			

Skills for care (OR EQUIVALENT) SFC includes these mandatory units:	Yes	No		
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				
You may also need these:				
Managing violence & breakaway	Yes	No		
Medication	Yes	No		
Safer people handling	Yes	No		
Mand	atory for ı	managers		
Desired	Certificate ob	otained:		Date achieved:
NVQ 2/3/4 (please specific which) Mandatory for managers	Yes	No		
Registered Managers Award Mandatory for managers	Yes	No		
PRACTICA (Please ONLY tick the tasks		ERSONAL CARE ve had experienc	e in provid	ing)
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 Diffi	culties	Yes	No	
Physical Disa	oilities	Yes	No	
Sensory Impo	irments	Yes	No	
Older people	e (frail)	Yes	No	
Complex nee	eds	Yes	No	
Others:				
Others:				

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			

SHORT LISTING INFORMATION Skills and Abilities/ Knowledge & Experience/ Qualities

This is an important part of the application. Tell us why you are applying for this job. You should also show 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 langu	age, interpreter, audio loop etc)		
Please list all absences from work in the past 12 months ar	nd 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	Name:
provided above is a true and accurate statement and I hereby confirm I have/have not* got a criminal record	Signed:
subject to the disclosure requirements of the Care Quality Commission	Date:

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:		
DEC	CLARATION:	
I hereby declare that the information provided or misleading information will give my Employ offered.		
I agree that Welcome Independent Living resexamination. (Should we require further information obtaining a medical report, the law requires permission prior to contacting your doctor).	ation and wish to contact your doctor with	n a view to
Name:		
Signed:		
Date:		
EQUAL O	PPPORTUNITIES:	
Welcome Independent Living is an employer of staff and staff are selected on merit irrespective effectiveness of our Equal Opportunities Policy information. Please tick the relevant categories	ve of race, sex, disability, etc. In order to m we would ask all applicants to provide the	onitor the
Please indicate the broad ethnic group to whic	h you belong –	
White (British, Irish, any other white background		
Black or Black British (Caribbean, African, any o	other black background)	
Asian or Asian British (Indian, Pakistani, Banglad	leshi, any other asian background)	
Mixed (white and black, white and asian, any o	other mixed background)	
Other (chinese, any other ethnic group) - pleas	se specify:	
Not stated		

Disability is defined by the Disability Discrimination Act as;				
	o carry out norma	al day-to-day ac	al and long-term adverse effect tivities. The disability could be at least 12 months.	
Are you a disabled pe	rson as defined by	the Disability Disc	crimination Act? Yes No	
Gender Male	Female			
Sexual orientation	Heterosexual Prefer not to say	Gay man/wo Other	oman Bi-sexual	
Marital status Married	d Single Divor	rced Other		
How would you descri	be your religion or	belief?		
Christian	Buddhist	Hindu	Jewish	
Muslim	Sikh	None	Prefer not to say	
Other (please spe	ecify)			

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:
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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	Email Address:
prior to interview? Y/N	
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		~		
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.	✓		~	

Thank you for completing.
Please return at your earliest convenience.
We look forward to hopefully working with you.