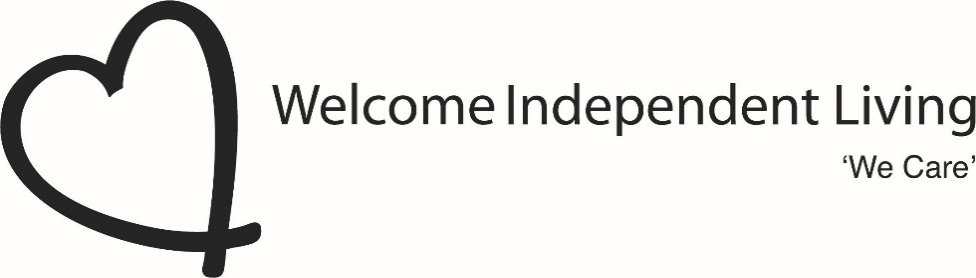
|  |  |
| --- | --- |
| **For office use** | |
| Date received: |  |
| Assessed for  interview by |  |
| Accepted for interview (please state reason if declined) |  |
| Interview date and time  if applicable: |  |
| Successful YES/NO |  |
| Please state reason  if declined. |  |



**Application Form** (Homecare Assistant)

**BEFORE COMPLETING PLEASE READ THE**

**JOB DESCRIPTION AND PERSON SPECIFICATION**

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, Silver Birches, 70 Erringden Road, Mytholmroyd, HX7 5AR.

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

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| --- | --- | --- | --- | --- |
| 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 tel: | |  |
| 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 | | | |

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| --- |
| **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-employment.  Please continue on separate sheet of paper if necessary. If you have not had a job please explain your skills on a separate sheet. |

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

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

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| --- | --- | --- |
| **Essential for Management Roles** | | |
| **Desirable** | **Certificate obtained** | **Date achieved** |
| NVQ 2/3/4 (please specific which)  **Compulsory for managers** | Yes  No |  |
| Registered Managers Award  **Compulsory 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: |  | |

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

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| **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: |

Welcome Independent Living, 70 Erringden Road, Mytholmroyd, HX7 5AR

Tel: 01422 843999