

The Caring Company

Application form

Job title _____

Surname/Family Name _____ First Name _____
Title _____ Date of Birth _____
Address _____ _____
Home telephone No _____ Mobile No _____
National Insurance Number _____

School or College	Dates	Qualifications

Continue with a full working history, from leaving college or school. Where there are gaps please give details of reason for not working i.e. raising children, training or off sick. Give details of why you left your last employment.

Employer	Job description	Start date	Finish date	Reason for leaving

Give details of qualifications gained that will help you in this work

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References, please give details of two people who will act as referees, one must be your present or previous employer Referees must not be related to you.

Name _____	Name _____
Address _____ _____	Address _____ _____
Position _____	Position _____
Telephone No _____	Telephone No _____

The nature of the work for which you are applying means this job is exempt from the provisions of section 4(2) of the Rehabilitations of Offenders act of 1974. Applicants are therefore not entitled to withhold information about convictions which are regarded as spent. We will be applying for a check with the Criminal Records Bureau; failure to disclose will result in your application being withdrawn

Have you ever been convicted of a crime _____

Have you any pending criminal charges _____

If **yes** please give details

How many days sickness have you taken off work during the last 2 years _____

Do you have a disability that may affect your ability to carry out the duties of this job _____

Please give details _____

As part of your job you will need to travel between peoples homes.

Do you have a full UK driving licence _____

Do you own a vehicle _____

If you drive and will be using your vehicle for work we will need to see the following documents

- Drivers licence
- Insurance details
- M.O.T certificate
- Road tax

Any other information that may be relevant to your application

I certify that to the best of my belief the information I have supplied is true. I understand any false information or failure to disclose health problems or criminal convictions may disqualify me from employment or if employed may result in dismissal

Signature _____ date _____ -

Please return this form to The Caring Company, C10 Didcot Enterprise Centre, Hawksworth, OX11 7PH

The Caring Company, Didcot, C10 Enterprise Centre, OX11 7PH. Phone: 01235 206117.

The Caring Company

Job Description

Job Title: Support Worker

Reports to: Manager

Main Function of the Job

To provide support to service users and other care workers in carrying out the tasks assigned by the company, to work to the required standard within the guide lines of the company policies and procedures.

Location: Within the service users own homes

Main duties: To provide personal care and general support

Tasks may include:

- Bathing or showering
- Care of hair, teeth and finger nails
- Dealing with incontinence
- Making and changing beds
- Dressing or undressing service users
- Feeding
- Preparing or heating meals
- Monitoring skin condition
- Assisting with medication
- Light housework
- Other tasks when needs arise needing specialised training
- Using hoists or equipment after training

As part of the job you will be required to:

- Complete all paperwork relevant to the task
- Attend meetings when necessary

- To attend all mandatory training and complete the Induction within three months of starting employment.
- Ensure good communication between yourself, service users and the management
- Give the manager sufficient time to re-allocate if unable to work
- Keep good records in the service users home
- Act in a courteous manner to service users and those you meet when carrying out your duties
- Keep all information you are given regarding service users confidential
- Respect the privacy dignity of all service users regardless of culture or background
- Work as part of a team
- To be flexible to enable the company to provide ongoing support to the service users, especially during times of sickness or holidays.
- Any other duties that have been discussed and agreed with the manager

In all aspects of your job you will be given training and guidance dependant on your experience, the managers would not expect you to undertake any task for which you felt you were not prepared in any way.

As well as mandatory training you will have opportunities for any other training you feel may benefit you in your job role, although priority may be given to those with greater availability

This information may change along with the needs of the service and our individual service users

The Caring Company March 2010

The Caring Company, Didcot, C10 Enterprise Centre, OX11 7PH. Phone: 01235 206117.

The Caring Company

Application support form

EQUAL OPPORTUNITIES

The Caring Company Equal Opportunities Statement states that no person shall be treated any less favourably on grounds of sex, marital status, race, colour, religion, nationality, ethnic or national origin, disability, age or sexual orientation.

All staff will be given equal opportunity in their employment conditions, access to training and for progression within the company. The policy is intended to improve working practices, increase job satisfaction and enhance service delivery.

The Caring Company also has a detailed grievance policy. All staff are expected to comply with the content of these policies.

APPLICANT'S FULL NAME:

This form is not intended to be a curriculum vitae. It is an opportunity for you to show how you have demonstrated certain skills and abilities, using examples from any aspect of your role within your family, work or leisure time.

Be realistic and accurate with your examples and remember that what you write about yourself must be the truth.

YOUR PREVIOUS EXPERIENCE

The next area of this Application Support form will concentrate on your own previous experiences. The areas concerned are listed below. Please write in the spaces provided the evidence you have for each question.

Evidence and experience of:

- Working as part of a Team
- Communication Skills
- Service user focused

Working as part of a Team

What knowledge and experience do you have of being an effective team member? Please give details.

Communication Skills

Please give evidence with relevant examples of how you have used your communication skills

Service User Focused

Please evidence with relevant examples how you have given good customer service and have been focussed on the needs of service users.

The Caring Company

Equal opportunities monitoring Form

Surname _____ First Name _____

Job applied for _____ Date of Birth _____

Marital status _____

Are you classed as disabled _____

As a company we will not discriminate against you for being disabled but due to the nature of the work, your disability may affect your ability to carry out the tasks involved working in the homes of our service users.

Ethnic origins

Would you describe yourself as :

- Black/ African
- Black/Caribbean
- Indian
- Chinese
- Pakistani
- White British
- White/European
- White/other
- Any other ethnic group

Which faith or religious group do you belong to _____

The Caring Company

Personnel record form

Personal information

Title _____ Gender _____

First name _____ surname _____

Home address _____

Post code _____ date of birth _____

Home phone number _____ mobile number _____

Next of kin _____

NOK phone number _____ relationship _____

Employment information

National insurance number _____

Job title _____ start date _____

Bank details

Account number _____ sort code _____

Bank address _____

Form completed by _____ Date _____

The Caring Company

Criminal Records Bureau

Enhanced Disclosure

The Care Standards act of 2000 and the associated regulations require that applicants for positions working with vulnerable adults or children should have an enhanced disclosure from the criminal records bureau. The disclosure gives the company information relating to any criminal proceedings taken against you; this will include cautions and spent convictions.

The post you have applied for is exempt from the provisions of the rehabilitation of offender's act 1974, therefore you are obliged to disclose any convictions or cautions you may have had, no matter how long ago it was. False declaration in its self renders you liable to further prosecution.

The Criminal Records Bureau makes a charge for providing a disclosure. The company will meet this cost provided you:

- Fully declare all convictions
- No convictions are disclosed that would affect your suitability for employment
- That you take up employment with this company and continue for six months

If for any reason any of the above is not meet, or you do not take up employment, you will be liable for the full cost of the disclosure, which at present is £49 plus £15 administration cost.

I have read and fully understand the above. I accept liability for the cost of the CRB if the agreed criteria are not met

Signed _____ Date _____

The Caring Company march 2007

The Caring Company, Didcot, C10 Enterprise Centre, OX11 7PH. Phone: 01235 206117.

The Caring Company Medical Questionnaire

PLEASE READ THESE NOTES CAREFULLY BEFORE COMPLETING THE FORM

You should fill in this form as fully and accurately as possible

WRITE CLEARLY IN BLACK INK ANSWERING YES OR NO, TICK WHERE APPROPRIATE ✓

PLEASE NOTE THAT YOU WILL BE REQUIRED TO SIGN A DECLARATION IT IS IMPORTANT THAT YOUR ANSWERS ARE ACCURATE AND YOU DO NOT WITHHOLD ANY INFORMATION
THIS INFORMATION WILL BE TREATED IN THE STRICTEST CONFIDENCE AT ALL TIMES

1. PERSONAL DETAILS

SURNAME FORENAME(S) _____

CURRENT ADDRESS _____

POSTCODE _____

DATE OF BIRTH _____

TELEPHONE NUMBER (HOME) _____

TELEPHONE NUMBER (DAYTIME) _____

2. MEDICAL CONDITIONS

YOU ARE ASKED TO INDICATE WHETHER YOU CURRENTLY HAVE OR HAVE EVER HAD ANY OF THE FOLLOWING MEDICAL CONDITIONS YES NO

1. Epilepsy, fits, blackouts, fainting turns or unexplained loss of consciousness
2. Head injuries leading to loss of consciousness requiring hospital admission
3. Recurrent headache or migraine
4. Diseases of the nervous system e.g. neuritis, stroke, multiple sclerosis
5. Eye disease, injury or surgery including laser treatment
6. Any visual defect including temporary visual problems
7. Ear infection, discharge, tinnitus, a hearing defect including deafness
8. Vertigo, dizziness, giddiness, problems with balance
9. Chest pain, angina, heart disease or breathlessness
10. Varicose veins or circulation problems
11. Rheumatic fever
12. Raised or low blood pressure
13. Any blood disorder
14. Asthma, bronchitis, emphysema, pleurisy, pneumonia or any other lung disease Including TB
15. Recurrent nausea, dyspepsia, heartburn, indigestion or hiatus hernia
16. Gastric, duodenal or peptic ulcer
17. Inflammation of the bowel including Crohn's Disease, ulcerative colitis,
18. Irritable bowel syndrome
19. Jaundice or any form of hepatitis or other liver problem
20. Any other abdominal complaint including hernia
21. Kidney stones
22. Recurrent kidney infection e.g. cystitis and urethritis
23. Any other kidney or bladder conditions
24. Any problems with bones or joints including back, neck, sciatica, major fracture, or recurrent dislocation of a major joint
25. Have you ever consulted an orthopaedic surgeon, chiropractor, osteopath or physiotherapist?

HAVE YOU BEEN DIAGNOSED AS HAVING

26. Arthritis, gout or rheumatism
27. Psoriasis, eczema, allergic skin rash or other skin disease
28. Any metabolic disorder including diabetes, thyroid and adrenal gland disease or other glandular disorder
29. Any infectious diseases (apart from childhood illnesses) including sexually transmitted diseases or tropical diseases
30. Anxiety/depression, phobias, mental breakdown or stress related problems
31. Any other mental illnesses
32. Any eating disorders e.g. anorexia nervosa or bulimia
33. Substance misuse (i.e. drugs, steroids, alcohol)
34. Any allergies including hayfever
35. Any malignancies or cancers

HAVE YOU EVER HAD

38. Any operations or surgical procedures

39. Any unexplained weight loss in past year

40. Any hospital attendance. Include if you are currently waiting for a hospital appointment or treatment

41. Are you currently being prescribed medication including tablets, capsules, injections and inhalers?
(excluding birth control)?

2. MEDICAL CONDITIONS CONTINUED

If you have answered 'Yes' to any of the previous conditions, please give details in the space provided below.

IF YOU HAVE OR HAVE HAD ANY OTHER INFECTION, CONDITION OR ILLNESS WHICH HAS NOT BEEN MENTIONED, OR IF THERE IS ANY OTHER MATTER CONCERNING YOUR HEALTH WHICH MAY EFFECT YOUR ABILITY TO CARRY OUT THE TASKS ASSIGNED TO YOU OF WHICH THE MANAGER SHOULD BE INFORMED . PLEASE GIVE DETAILS BELOW

Details of Medical Conditions.

Please include date(s) of illnesses/conditions, frequency, duration,

What treatment was given and by whom (e.g. hospital/GP)

Whether you are still undergoing treatment and length of absence from work (if appropriate).

3, PAST MEDICAL HISTORY

HAVE YOU EVER FAILED A MEDICAL EXAMINATION (OR HAD SPECIAL CONDITIONS IMPOSED)

HAVE YOU EVER LEFT A JOB OR HAD TO BE MEDICALLY RETIRED DUE TO ILL HEALTH?

HAS ANY PREVIOUS OCCUPATION CAUSED YOU HEALTH PROBLEMS?

ARE YOU IN RECEIPT OF A MEDICAL PENSION OR OTHER DISABILITY BENEFIT?

**The Disability Act 1995 defines a disabled person as someone who has
*A physical or mental impairment which has a substantial adverse long-term effect on his or her ability to carry out normal day-to-day activities.***

4, IMMUNISATION STATUS

HAVE YOU EVER BEEN IMMUNISED AGAINST THE FOLLOWING? PLEASE GIVE YEAR IF POSSIBLE.

Tetanus

Polio

BCG (Tuberculosis)

Diphtheria

Hepatitis B

1st Injection

2nd Injection

3rd Injection

Date of blood test and result

5. SICKNESS ABSENCE

Please list how many days you have been absent from work, school, college or university in the last two years due to sickness. For each absence please also indicate the dates and the reason.

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6. DECLARATION

The information I have provided is accurate and I have not withheld any details. I understand that the giving of false information or withholding information could subsequently result in my dismissal.

I consent to this data being held by The Caring Company on computer or in a manual filing system.

CANDIDATE'S SIGNATURE

DATE

THE CARING COMPANY SEPT 2007

The Caring Company, Didcot, C10 Enterprise Centre, OX11 7PH. Phone: 01235 206117.

The Caring Company

Vehicle check

For all staff using their vehicle for authorised business, to be completed by new staff, then annually

Staff name: _____

- Copy of driving licence
- Business insurance
- Road tax
- Current M.O.T.

Employee signature _____

Manager _____

Date _____

The Caring Company

Availability Form

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
07.00 – 14.00							
14.00 – 18.00							
18.00- 22.00							
Nights							

How many hours per week are you available to work _____

Available to work set hours weekly Yes/No

Preferred days _____

Area available to work _____

Any preferences _____

We will try to give you the hours you prefer within your availability, we appreciate some staff may prefer to be flexible and where this is not a problem they must realise work will be allocated to full time staff first, to fit in with the needs of our service users.

Due to the nature of this employment it is important regular staff understand they can not change their availability with out giving prior notice or giving as much notice as is possible in the case of emergencies

If a family problem occurs please call the office as soon as you can to enable us to cover your work, do not phone other support workers for cover without notifying the manager

If you are aware of likely difficulties please list i.e. planned holidays or family events

Out of hours the phone will be transferred to the oncall phone, can you ensure you speak to a member of staff and not assume your message had been received, also please do not send text messages as there is often a delay in receiving them

The person oncall may be driving or doing care visits therefore a follow up call may be required

Name of support worker _____

Date _____

Name of manager _____

The Caring Company

Job Application Request Form

Name of person requesting application form: _____

Address: _____

Postcode: _____

Telephone No: _____

Mobile No: _____

Car licence: Y / N

Previous experience and or qualifications: _____

Availability: _____

Date of contact: _____

Date application sent: _____

Date references sent: _____