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| **APPLICATION FOR EMPLOYMENT** |
| The winning Box, Aquis House 27-37 Station Road, Hayes London UB3 4DX | Post Applied For:Closing Date:Please read the guidance notes before completing every section of the form |
| **All applications will be subject to an Enhanced CRB/DBS Disclosure and Satisfactory Reference Check** |
| **PERSONAL DETAILS** |
| Surname: Address: | First Name (s): Telephone Number:Daytime:Evening:e-mail address:  |
| **EDUCATION AND TRAINING** |
| Schools, Colleges and/or Universities attended | From | To | Courses taken/passed (with levels) |
| Professional Certification/Qualification and Membership of Professional Institution (with dates)Do you have Level 1 ,2 or Level 3 in Health and Social Care: \*Candidates invited for interview will be required to produce documentary evidence of any qualifications recorded above |

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| **PRESENT / LAST EMPLOYMENT** |
| Name and Address of Employer: | Title of post held:Type of Business:Period of Notice:Salary and Grade/Scale |
| Date of appointment: | From | To |  |
| Summary of Main Duties: |
| **PREVIOUS EMPLOYMENT**(including voluntary and/or domestic activities where appropriate) |  |
| Name and Address of Employer | Position Held | From | To | Salary | Reason for Leaving |  |
| **EXPERIENCE** |  |
| Explain why you would be a good applicant for the post, including experience you have gained and the skills and personal qualities that you have to offer. Remember to relate your comments to the job description and person specification.(please continue on a separate sheet if necessary) |  |
| **REFERENCES** |  |
| **Please give the name, address and the job title of two referees, not relatives, one of whom should be your current or most recent employer.** |  |
| Name:Job Title:Address:Telephone Number:Email Address:May we take up reference before interview? YES NO  (Please Circle Appropriate) | Name:Job Title:Address:Telephone Number:Email Address:May we take up reference before interview? YES NO  (Please Circle Appropriate) |  |

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| **ADDITIONAL INFORMATION** |  |
| Are you allowed to work in the UK? YES NO  Do you hold a current Driving Licence? YES NO  Do you have the use of a vehicle? YES NO  National Insurance Number:Preferred Job Type: Full Time /Part TimePreferred Hours Per Week :  |  |
|  **CRIMINAL CONVICTIONS** |  |
| Have you a current criminal conviction or caution? i.e., one that is spent?If yes please give details: YES NO  (Please Circle Appropriate) |  |
| **Miscellaneous** |  |
| Do you have other employment?If yes, do you intend to continue with this employment? YES NO  (Please Circle Appropriate) |  |
| **DECLARATION** |  |
| I declare that the information given on this application form is to the best of my knowledge true and complete. I understand that Laurels Care reserve the right to verify claims made in this and any subsequent findings of misleading/false information may lead to disciplinary action and dismissal.**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
|  **PLEASE RETURN THIS FORM TO:** The winning Box, Aquis House 27-37 Station Road, Hayes London UB3 4DX+44 (0) 203 950 2897  |
| **For office Use Only****INTERVIEW**  YES NO REASON FOR DECISION (Please Circle Appropriate)JOB OFFER YES NO REASON FOR DECISION (Please Circle Appropriate) |

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| **GUIDANCE NOTES** |
| **GENERAL INFORMATION**The information on the form will be seen and used by those involved in the rec4uitment process to select the successful applicant. If you are appointed this will also form he basis of all personal records.**EMPLOYMENT DETAILS**Please ensure your employment details and dates are continuous, document your major responsibilities starting with your current employer. Please show periods of any unemployment, domestic activities or voluntary work.**EXPERIENCE**This section offers you the chance to promote yourself and demonstrate the relevance of your experience, knowledge, voluntary work, etc., to the person specification and job description. Please make sure your answer is clear and legible and continue on a separate sheet if necessary.**CRIMINAL CONVICTIONS****Convictions Not Spent**You must list any convictions that are still current under the Rehabilitation of Offenders Act (1974). These will not be taken into consideration unless they are relevant to the post. Please circle ‘**Yes’** and list the convictions if you have any. If you have no current convictions or cautions tick **‘No’.****Spent Convictions**If the post you are applying for involves any of the following activities it is exempt under the Rehabilitation of Offenders Act. This means that you must tell us about all convictions and cautions even from a long time ago. These posts are those with regular, unsupervised access to:Children under EighteenVulnerable AdultsIf you are applying for one of these posts you will be asked to complete an additional form giving details of all convictions and cautions. If you are successful you will be required to complete a ‘Disclosure’ application form. This form will be checked by the Criminal Records Bureau so it is important to tell the truth.**NATIONAL INSURANCE NUMBER**If you are successful you will be required to provide evidence of your National Insurance Number. If you do have a national insurance number you will need to provide proof that you are allowed to work in the UK, e.g. work permit, E.U. Passport.**MONITORING FORM**Laurels Care is committed to a policy of equal opportunities therefore we have a monitoring process which is used to ensure that no group is put at a disadvantage either directly or indirectly because of race, sex, disability or marital status. The monitoring form is for information purposes only. It will be removed from the main body of the form is not used in any way for selection purposes.Please Note: Marital Status- married includes permanent, live in relationships**ADVERTISING**To ensure that Laurels Care obtains value for money for its advertising it is important for us to know where applicants see the post advertised. |

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|  | **Laurels Care**Laurels Care is committed to a policy of equal opportunities and it is our approach to select the right person irrespective of disability, race, colour, sex or marital status. Please complete this section of the form which is voluntary and will not be made available to people who read the application form itself. Te information contained here will be used to promote equality of opportunity and for monitoring and statistical analysis. If you are appointed details may be used from this form to complete your personal records.**THIS FORM IS NOT PART OF THE SELECTION PROCESS**By completing this form you are giving your consent for this information to be processed. |
| Surname:Post Applied For: | First Name (s):Date of Birth:Date: |
| **My ethnic origin is:** |  |  | **Age Range:** |  | **Please Tick** |
| **White** |  |  |  | 16 – 30 |  |  |  |
|  | White British |  |  | 31 – 40 |  |  |  |
|  | White Irish |  |  | 41 – 50 |  |  |  |
|  | Any other White Background |  |  | 51 – 60 |  |  |  |
| **Mixed** |  |  |  | 61 and over |  |  |  |
|  | White and Black Caribbean |  |  |  |  |  |  |
|  | White and Black African |  |  |  |  |  |  |
|  | White and Asian |  |  |  |  |  |  |
|  | Any other Background |  | **Are You:** |  |  |  |  |
| **Asian or Asian British** |  |  |  | MALE |  |  |  |
|  | Indian |  |  | FEMALE |  |  |  |
|  | Pakistani |  |  | MARRIED |  |  |  |
|  | Bangladeshi |  |  | SINGLE |  |  |  |
|  | Any other Asian Background |  |  |  |  |  |  |
| **Black or Black British** |  |  |  |  |  |  |  |
|  | Caribbean |  |  |  |  |  |  |
|  | African |  |  |  |  |  |  |
|  | Any other Black background |  |  |  |  |  |  |
| **Other ethnic groups** |  |  |  |  |  |  |  |
|  | Chinese |  |  |  |  |  |  |
|  | Any other ethnic groups |  |  |  |  |  |  |

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| Do you have a disability / health problem, which affects you in employment? YES NO (Please Circle AppropriateIf so please give brief details:Have you any special requirements for interview (e.g. sign language, interpreter, wheelchair access):If you would like additional help with completion of the application form please ring. |
|  Where did you see the post advertised: |



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| **Job Description:** | **Home Care Worker** |
| **Accountable To:** | **Registered Care Manager / Team Leader** |
| **Responsibilities:** | **To implement policies and procedures of the company and to maintain the highest standards of Care.****To ensure compliance with company policies and all statutory and regulatory requirements.** |
| **Personal Care:** |  |  |
|  | **Toileting and all aspects of personal hygiene** |  |
|  | **Continence Management** |  |
|  | **Assist with all aspects of washing, bathing, showering and oral hygiene** |  |
|  | **Dressing and undressing** |  |
|  | **Hair Care** |  |
|  | **Nail Care (fingernails only)** |  |
|  | **Care of Pressure sores (under appropriate supervision)** |  |
|  | **Assisting Service User’s into and out of bed (full moving and handling and training given)** |  |
| **Dietary Care:** |  |  |
|  | **Preparation of snacks and meals according to the Service User’s likes and dislikes** |  |
|  | **Assistance with Feeding / eating as required** |  |
| **Domestic Services:** |  |  |
|  | **General household duties to include: cleaning dusting, vacuuming, etc.,** |  |
|  | **Bed Making / changing bed** |  |
|  | **Clearing rubbish / refuse** |  |
|  | **Laundry , ironing, sewing on buttons etc.,** |  |
|  | **Shopping ( including assistance with preparing shopping lists)** |  |
|  | **Escorted Shopping (assisting Service User’s to and from shops)** |  |
| **Personal Services:** |  |  |
|  | **Assistance with reading mail** |  |
|  | **Assistance with personal finances (to include paying bills, collection of pensions)** |  |
| **Expectations:** |  |  |
|  | **To carry out agreed plan of care (including physical and personal care)** |  |
|  | **To maintain accurate and concise records of Service User care, diary sheets, timesheets and mileage sheets** |  |
|  | **To contribute in the review process of individual Service User’s, assisting in preparation of reports** |  |
|  | **To comply with the company’s requirements on Health and Safety and Quality Assurance** |  |
|  | **To report to the Care Manager / Team leader on any aspect of Service User care which is felt warrants investigation or urgent action** |  |
|  | **To undertake any other relevant duties required from time to time, as reasonably corresponds to the general character of the post and is commensurate with the level of responsibility** |  |
|  | **To participate in regular in-service and outsourced training courses** |  |
|  | **To attend and participate in regular team meetings with designated team leader** |  |
|  | **To attend regular supervision meetings with designated team leader** |  |