



# COMPETENCY ASSESSMENT QUESTIONNAIRE (Interview)

Name:

Phone:

Post code:

Do you have right to work in the UK?  Yes  NO

What is your availability of work? *Days and Timings of working*

## PLEASE ANSWER THE FOLLOWING QUESTIONS

Q.1: what would you do immediately if your service user is not responding?

Call the office  call a friend for advice  call 999

Q.2: What of the following are the types of abuse?

Protection  Care  Emotional abuse and Physical Abuse

Q.3: Where would you record service user's daily report?

In my Diary  No need to record  In Daily Logs

Q.4: What is Dementia?

Body Itching  Feet Swelling  Memory Loss

Q.5: what would you do if service user refuses to have medication?

Bin the medication  Force the service user  Inform office

Q.6: what causes infection?

Cleanliness  working with gloves  Dirty Hands

Q.7: what would you do if service user refuses to have medication?

Bin the medication  Force the service user  inform office

Q.8: Which part of your body is most likely to be injured if you lift a heavy load?

Knees  Feet  Shoulders  Back

Q.9: Which of the following could be sign of neglect?

Caring  Feeding with spoon  Good health  Poor personal hygiene

Q.10: Can you put service user's picture on social media?

Yes  No

**What previous experience do you have in health and social care/ adult or child care?**

**Please define your skills/ attributes/qualities?**

**What trainings/qualification do you have in health and social care?**

QCF Level 1    QCF Level 2    QCF Level 3    QCF Level 5    None

**Any other Trainings, qualifications or Education:**

**Why do you want to be a Care Assistant?**

***For office use only:***

**Total correct Questions: 10/**

**Reason for shortlisted:**  Qualified    Competent    Trained    Experienced    Skilled

Multilingual    lives in the required area    meets client's cultural need or religion needs

**Any other reason:**

**Reason for rejection:**

**HR Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_