

# APPLICATION FOR EMPLOYMENT

Return completed application form to:

Moderncare

11a The Courtyard

Llandarcy, Neath

SA10 6EJ

01792 818345

NatashaKhan@modern-care.co.uk

## 1. PERSONAL DETAILS

|  |
| --- |
|  |
| Surname: | Title: Mr/Mrs/Miss/Ms\* |
| Forenames: Date of Birth: |
| Home Address (inc postcode):N.I. Number: |
| Landline telephone number: |  |
| Mobile telephone number: |  |
| E-mail: |  |
| How would you like us to contact you if you are invited to interview? |
| Preferred contact method:  |  |
| Do you hold a current driving licence? | YES / NO |
| Do you have your own car? | YES / NO |

## 2. SKILLS AND EXPERIENCE

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| Please provide examples of how your skills and experience meet each area of the attached Job Description. |

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## 3. YOUR WORK

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| Please describe the **relevant** work you have done, either in a self-employed capacity, as a volunteer, or in paid employment starting with your most recent activities first. Please show dates, your role and responsibilities and the organisation. |

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| Current/Most Recent Employer |
| **Organisation:** |
| Address: |
| Position Held: |
| Date Appointed: | Date Left: |
| Please give a brief description of the main responsibilities, duties and achievements. |
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| Previous Employer |
| **Organisation:** |
| Address: |
| Position Held: |
| Date Appointed: | Date Left: |
| Please give a brief description of the main responsibilities, duties and achievements. |
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| **Organisation:** |
| Address: |
| Position Held: |
| Date Appointed: | Date Left: |
| Please give a brief description of the main responsibilities, duties and achievements. |
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| --- |
| **Organisation:** |
| Address: |
| Position Held: |
| Date Appointed: | Date Left: |
| Please give a brief description of the main responsibilities, duties and achievements. |
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| **Organisation:** |
| Address: |
| Position Held: |
| Date Appointed: | Date Left: |
| Please give a brief description of the main responsibilities, duties and achievements. |
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## 4. QUALIFICATIONS

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| Please list any **relevant** qualifications, most recent first: |

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| --- | --- | --- |
| **Qualification** | **Subject** | **Date Awarded** |
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## REFERENCES

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| Please give us details of two people who can provide you with a reference. We will not contact them unless we intend to offer you a position. One referee should be your most recent/last employer. |

|  |  |
| --- | --- |
| Name: | Name |
| Position: | Position: |
| Organisation: | Organisation: |
| Address: | Address: |
|  |  |
|  |  |
| Telephone Number: | Telephone Number: |

|  |
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| Declaration |
| I confirm that the above information is correct and understand that misleading statements may be sufficient grounds for cancelling any agreements made |
| Applicant Signature: | Date: |

**HOURS OF WORK**

How many hours are you available for work? For example, 15 hours, 20 hours, 30 hours.

|  |  |
| --- | --- |
| No. of hours |  |

Could you please complete the information below as to when you are available to work. Times to be stated. For example – 0700 – 1500, 1500 – 2300. You will be expected to work your share of weekends.

|  |  |  |
| --- | --- | --- |
| **DAY** | **AM** | **PM** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

Signature………………………………………………Date………………….

**CRIMINAL CONVICTIONS DECLARATION**

| Name: |  |
| --- | --- |
| Address: |  |
| Telephone: |  |

| Under the provisions of the Rehabilitation Offenders Act 1974 you are required to give details of any convictions which are not spent. Failure to do so may render you liable to summary dismissal. |
| --- |
| Do you have any current convictions against you? | Yes No |
| If yes, please give details: |
| **Work with Young Persons under 18 years or vulnerable adults e.g. Elderly or disabled**Under the provisions of the Rehabilitation Offenders Act 1974 (Exceptions) (Amendment) Order 1986 you are required to give details of any criminal conviction including those which are spent. Failure to do so may render you liable to summary dismissal.You are required to reveal spent convictions if the post for which you are applying involves working with young persons under 18 years of age or vulnerable adults e.g. elderly or disabled. |
| Do you have any current convictions against you? | Yes No |
| If yes, please give details: |

This disclosure form is part of our recruitment process, at interview we ensure that an open and measured discussion takes place on any offences or other matters that might be relevant to the position. Failure to reveal information that is directly relevant to the position sought could lead to a withdrawal of an offer of employment.

**HEALTH QUESTIONNAIRE**

An appointment to Moderncare is subject to satisfactory medical clearance. This information is requested solely to assess the medical fitness of candidates to carry out the position. Confidentiality is guaranteed.

|  |  |
| --- | --- |
| Family Doctor |  |
|  |  |
| Telephone |  |
|  |  |
| Do you normally enjoy good health? | Yes |  | No |  |
|  |  |
| Do you smoke? | Yes |  | No |  |
|  |  |
| Do you suffer from: | Yes |  | No |  |
| Back pain/slipped disc | Yes |  | No |  |
| Rheumatism | Yes |  | No |  |
| Asthma | Yes |  | No |  |
| Dizzy spells | Yes |  | No |  |
| Angina | Yes |  | No |  |
| Shortage of breath | Yes |  | No |  |
| Any allergies | Yes |  | No |  |
| Any skin disorders | Yes |  | No |  |
|  |  |  |  |
| Have you ever suffered from: |  |  |
| Tuberculosis | Yes |  | No |  |
| Hepatitis | Yes |  | No |  |
| Heart Attack | Yes |  | No |  |
| If yes to any of the above, please give details |  |
|  |  |
| Details of major operations |  |
|  |  |
|  |  |
| Were you immunised against: |  |
| Tuberculosis | Yes |  | No |  |
| Measles | Yes |  | No |  |
| German Measles | Yes |  | No |  |
| Whooping Cough | Yes |  | No |  |
| Tetanus | Yes |  | No |  |
| Polio | Yes |  | No |  |
| Hepatitis | Yes |  | No |  |

Signature……………………………………… Date………………………………

**TRAINING NEEDS ANALYSIS**

The training in section 1 are a minimum requirement of the All Wales Induction Framework, these have to be completed by new staff members.

Any training certificates provided by applicants must be approved by the trainer as to whether they are valid or not.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Required Training** | **Training Course** | **Already completed****Yes / No** | **Valid?****Yes / No** | **Training****Required****Yes / No** |
| *Section 1* |  |  |  |  |
| Principles & Values  | General Induction |  |  |  |
| Health & Well-Being | General InductionManual HandlingHealth & Well-BeingMedicationDementia |  |  |  |
| Professional Practice | Induction to Modern CareGeneral Induction |  |  |  |
| Safeguarding Individuals | SafeguardingGeneral Induction |  |  |  |
| Health & Safety | Health & SafetyManual HandlingFirst Aid |  |  |  |
| *Section 2* |  |  |  |  |
| Additional training: | Stroke |  |  |  |
|  | Diabetes |  |  |  |
|  | Parkinson’s |  |  |  |
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**JOB DESCRIPTION**

Main Duties Home Care Assistant.

To attend to the domestic, personal care, rehabilitation and social needs of clients aimed at creating an environment where clients can achieve and maintain maximum independence in their own homes.

The tasks will vary depending on the needs of individual clients which will be assessed by the Care Manager and explained to the Home Care Assistant in each case. The Home Care assistant should report any change in circumstances.

**Household Tasks for Home Care Assistants**

1. Cooking meals in the absence of the meals service or where a special dietary or other needs may be necessary.
2. Shopping for food or other household essentials.
3. Washing and ironing as necessary.
4. Cleaning grates. Laying and lighting fires or filling paraffin heaters.
5. Bed making
6. Assisting to carry out tasks to maintain the cleanliness of the client's house.
7. Budgeting and Banking (with authorisation)

**Personal Care**

Where no nursing procedures or attention is required and as part of an overall care plan:-

1. Helping clients in and out of bed
2. Helping client's dress and undress.
3. Help with feeding clients
4. Attending to the personal cleanliness of clients. That may include help with toileting and emptying commodes.
5. Routine hair care.
6. Incontinence laundry/appropriate mending.

**Personal Care does NOT include:-**

* Administration of drugs by injection
* Applications of dressings.
* Responsibility for catheter care
* Supervision of specialist medical treatment.

**Rehabilitation**

1. Motivating clients to maintain care plans agreed by the Care Manager
2. Help with the development of household management skills including advising on nutrition, cooking and budgeting.

**INTERVIEW QUESTIONS**

Have you had any relevant training for this position?

|  |
| --- |
|  |

Do you think you have any life or work experience relating to caring for others?

|  |
| --- |
|  |

What do you think you will be required to do as a domiciliary carer? (establish level of understanding of the role.)

|  |
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|  |

Part of a carers role is to assist with personal care, including toileting and continence needs- how do you feel about this? How would you ensure that you promoted your Service Users dignity and respect?

|  |
| --- |

Do you feel confident about preparing nourishing meals for the people you are caring for? Why is a good diet important?

|  |
| --- |

What qualities do you think a carer should have?

|  |
| --- |
|  |

Why might a Service User feel nervous or unsure about meeting a new carer for the first time? What could you do to ease the situation?

|  |
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|  |

Why did you apply for this job? Will the unsocial hours cause any problems with your personal life? Do you realise we will call on you to do extra calls if someone is sick?

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The role of care worker involves undertaking a qualification and registering with Social Care Wales. How do you feel about this?

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**Equal Opportunities Monitoring Form**

Moderncareis committed to increasing equality and diversity within its workforce. As part of this we need information from applicants to check that our recruitment and selection procedures are reaching as many potential candidates as possible and are fair. The information provided is only used for monitoring purposes, not for selection. All information is provided on a voluntary basis.

**Gender**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Male | [ ]  | Female | [ ]  | Prefer not to say | [ ]  |
| Transgender | [ ]  | Transsexual | [ ]  | Other | [ ]  |

**Relationship Status (\* delete as appropriate)**

|  |  |  |  |
| --- | --- | --- | --- |
| Married/separated \* | [ ]  | Civil Partnership | [ ]  |
| Single/widowed/divorced  | [ ]  | Live with partner/Other \* | [ ]  |
| Prefer not to say | [ ]  |

**Age**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 16-24 | [ ]  | 25-29 | [ ]  | 30-34 | [ ]  | 35-39 | [ ]  | 40-44 | [ ]  |
| 45-49 | [ ]  | 50-54 | [ ]  | 55-59 | [ ]  | 60-64 | [ ]  | 65+ | [ ]  |
| Prefer not to say |  [ ]  |  |  |  |  |  |  |  |  |

**What is your nationality?**

**What is your ethnicity?**

Ethnic origin categories are not about nationality, place of birth or citizenship. They are about the group to which you as an individual perceive you belong. Please indicate your ethnic origin by ticking the appropriate box

|  |
| --- |
| White |
| English | [ ]  | Welsh | [ ]  | Scottish | [ ]  |
| Northern Irish | [ ]  | Irish | [ ]  | Other White background | [ ]  |
|  |  |  |  |  |  |
| Mixed/multiple ethnic groups |
| White and black Caribbean | [ ]  |  |  | White and black African | [ ]  |
| White and Asian | [ ]  |  |  | Other mixed background | [ ]  |
|  |  |  |  |  |  |
| Asian/Asian British | [ ]  |  |  |  |  |
| Indian | [ ]  |  |  | Pakistani | [ ]  |
| Bangladeshi | [ ]  |  |  | Chinese | [ ]  |
| Any other Asian background | [ ]  |  |  |  |  |
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|  |
| --- |
| Black/African/Caribbean/ Black British |
| African | [ ]  |  |  | Caribbean | [ ]  |
| Any other Black/African/ Caribbean background | [ ]  |  |  |  |  |
|  |  |  |  |  |  |
| Other Ethnic group |  |  |  |  |  |
| Arab | [ ]  |  |  | Any other ethnic group | [ ]  |
|  |  |  |  |  |  |
| Prefer not to say | [ ]  |  |  |  |  |

**Do you consider yourself to be disabled?**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Yes | [ ]  |  | No | [ ]  | Prefer not to say | [ ]  |  |  |

Any information you provide here will be used for monitoring purposes only.

**What is your sexual orientation?**

|  |  |  |  |
| --- | --- | --- | --- |
| Heterosexual | [ ]  | Gay woman/lesbian | [ ]  |
| Gay man | [ ]  | Bisexual | [ ]  |
| Other | [ ]  | Prefer not to say | [ ]  |

**What is your religion or belief?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No religion | [ ]  | Buddhist | [ ]  | Christian | [ ]  |
| Hindu | [ ]  | Jewish | [ ]  | Muslim | [ ]  |
| Sikh | [ ]  | Any other religion | [ ]  | Prefer not to say | [ ]  |

**Do you have caring responsibilities? If yes please tick all that apply**

|  |  |  |  |
| --- | --- | --- | --- |
| None | [ ]  |  |  |
| Primary carer of child/children (under 18) | [ ]  | Primary carer of disabled child/children | [ ]  |
| Primary carer of disabled adult | [ ]  | Primary carer of older person (65+) | [ ]  |
| Secondary carer | [ ]  | Prefer not to say | [ ]  |

**By completing this form, you have helped us better understand how we, as an employer, ensure equality of opportunity for all.**

**Thank you for completing this form.**