

# **OWEN CARE AND SUPPORT LIMITED**

INTEGRITY - TRUST - RESPECT - PEACE OF MIND

**CARE WITH COMPASSION**

## **HOME CARE WORKER - JOB APPLICATION PACK**

This application pack contains the following parts

**Home Care Worker Job Description**

**Application Form**

**Application Form Waiver**

**Medical Screening Questionnaire**

**Recruitment Monitoring Questionnaire**

You should read all parts of this document carefully before completing it and ensure that you sign each part.

Once completed please return this application to

Owen Care and Support  
9 Heather Court  
Huddersfield HD3 3SP

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### **HOME CARE WORKER - JOB DESCRIPTION**

Persons/Carers employed by this company, will, at all times, carry out their duties in accordance with the Policies and Procedures laid down by management. It is the responsibility of the staff member to ensure that they read and fully understand these policies before taking up appointments.

#### **The responsibilities of the carer are:**

1. To carry out care and other tasks as specified in the Client's individual Support/Care plan, to a high standard in accordance with Company Policies and Procedures.
2. Under guidance from management and health care professionals, encourage and support the Client to carry out as much self-care as possible to maintain their independence.
3. To contribute to accurate and detailed record keeping whilst maintaining the Clients privacy in accordance with the Policy of confidentiality.
4. Where appropriate, under the guidance of the management, liaise with Client's relatives, G.P and other health professionals contributing to the individuals care in order to promote good communication and quality of service.
5. To take part in training as required by the management to improve personal skills and knowledge, and complete you induction in a timely manner.
6. To make yourself available for 1-1 support and supervision meetings and appraisal meetings with you line manager.
7. To contribute by carrying out planned actions, to the maintenance of the Client's Individuality, Rights, Choice, Privacy, Independence, Dignity Respect and Partnership.
8. To be aware of changes in the Clients general, physical, mental and emotional health and take appropriate steps by reported such change immediately to your line manager, to ensure the Clients well being.
9. To contribute to updating of Client's individual service/care plan and to take part in any reassessment of Client's care needs.
10. Where required, to take responsibility for the Client's Monies, i.e. shopping or collecting pensions or benefits. To ensure that full and accurate records of transactions are kept for inspection and that adequate security for Client's monies and valuables is maintained.
11. To be aware of Client's spiritual needs and by liaison with the Client, their relatives, friends or advisors, try to ensure that these needs are met to the Client's satisfaction.
12. Carers to be aware of the Clients needs to maintain or develop Social Activities and individual social networks, by liaison with the Client, their relatives, friends, professionals or other organisations, try to ensure that the Client is enabled to fulfill these need to their satisfaction.

**This job description is only a general description of the duties of a Home Care Worker; other duties may be required in order to meet the individual Client needs.**

Carers Name .....

Carers Signature.....

Date .....

**JOB APPLICATION**

Application for the post of .....

Where did you hear of this vacancy? .....

**1. PERSONAL DETAILS**

Mr / Miss / Mrs / Ms / Other      Date .....

Telephone .....

Name: .....

Mobile .....

Address: .....

.....

.....

.....

Post Code .....      National Insurance No .....

**2. DRIVER DETAILS**

DO YOU HAVE A FULL UK DRIVERS LICENCE?      **YES**      **NO**

Drivers Licence No.: .....

Date of Issue .....

Have you had any accidents during the last five years?      **YES**      **NO**

Have you had any driving convictions during the last ten years      **YES**      **NO**

If yes, how many? .....

Do you have use of a car for work purpose      **YES**      **NO**

**3. EDUCATIONAL DETAILS      *(Please bring any relevent certificate with you to interview)***

Name and address of School	Results
.....	.....

Further Education and Address	Results
.....	.....
.....	.....





**8 PREVIOUS EMPLOYMENT CONTINUED**

<u>Name of Employer</u>  <u>Address</u>  <u>Post Code</u>  <u>Telephone No.</u>	<u>Name of Supervisor</u>	<u>Employment Dates</u>	<u>Salary or Hourly Rate</u>
		From To	Start Final
	<u>Your Job Title</u>	<u>Reason for leaving</u>	

Please ensure that you give explanation for any gaps in your employment \_\_\_\_\_

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**9 REFERENCES**

Please give names and addresses and telephone numbers of two referees (***one should be your present or most recent employer***). Personal referees from friends or relatives are not acceptable. Please note that Owen Care & Support Limited reserve the right to contact any of your previous employers for references at any time. When providing the names of referees please ensure you provide the name of the manager with appropriate authority to give references on behalf of the Company.

Name	Name
Position held by Referee	Position held by Referee
Name of Company or Organisation	Name of Company or Organisation
Address	Address
Post Code	Post Code
Telephone No.	Telephone No.
Fax No.	Fax No.
Email	Email

**May we contact this referee if you are shortlisted**

**YES NO**



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**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Owen Care and Support Limited (herein called 'the company'), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, whether in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Owen Care and Support Limited, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the General Manager of the Company. Both the undersigned and Owen Care and Support Limited may end the employment relationship at any time, without specified notice or reason. If employed, I understand that The Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorise investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references and others and hereby release the Company from a liability as a result of such contract.

I further understand that my employment with the Company shall be probationary for a period of six months, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable as per the terms and conditions of my employment contract.

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, colour, religion, sexual orientation, national origin, citizenship, age, disability or protected Characteristics.

**Signature of applicant** .....

**Date** .....

**NOTES TO HELP APPLICANTS IN COMPLETING THEIR APPLICATION FORM**

Please read these notes carefully before completing your application form.

When you apply for a job with us, selection for interview is based on the information contained in the application form, therefore is very important that when you return the form to us it contains the information that we want and the information that you want to give us.

You should have received a job description, which list the duties you would be expected to carry out. Please read these carefully.

Read the application form carefully before you complete it. Read all the information that has been sent to you. This will tell you what we are looking for – skills, experience, qualifications, knowledge etc. You will need to demonstrate on your application form that you have the necessary abilities and qualities we are looking for.

The application form is divided into several sections – you must complete all of them.

In every section, if you need more space, use extra sheets of paper. If you do this, please put your name on them.

If you feel that you need any help or advice on completing the form, let us know.

If your application is successful at the interview stage, please be aware that all candidates are required to complete a CRB/POVA declaration, this is at a cost to the candidate of £60, this is refundable after completion of 6 months satisfactory service (will be discussed at interview).

Please be aware if you hold a current drivers licence, we will only pay drivers rate if the candidate meets our insurer's criteria with regards age/convictions/points etc. (will be discussed at interview)

Applications will not normally be acknowledged, if you have not been contacted within four weeks of returning your application, please assume you have been unsuccessful.

**Signature of applicant** .....

**Date** .....



**RECRUITMENT MONITORING QUESTIONNAIRE**

**Name**  
**Job Applied for**

**Gender**

I am : Male

Female

To help us monitor our Equal Opportunities in Employment Policy, please tick or complete the following boxes as appropriate:

Age 20 to 30

30 to 40

40 to 50

50 to 60

Over 60

**Ethnic Origin**

Choose one section from (A) to (E) then tick the appropriate box to indicate your cultural background.

**A. White**

British

Roma

Irish

Bosnian

Albanian/Kosovan

**B. Mixed**

White and Black - Caribbean

White and Asian

White and Black - African

Asian and Black

**E. Chinese or other Ethnic Group**

Chinese

Arab

Kurdish

Afgan

Vietnamese

**D. Black or Black British**

Caribbean

African

**C. Asian or Asian British**

Indian

Kashmiri

Pakistani

Bangladeshi

**Disability**

The Disability and Equality Act 2010 defines a person as having a disability if the person has:-

- (a) A physical or mental impairment,
- (b) The impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities.

For the purpose of the Act, these words have the following meanings:-

- (a) (Substantial) means more than minor or trivial
- (b) (Long-term) means that the effect of the impairment has lasted or is likely to last for at least twelve months (there are special rules covering recurring or fluctuating conditions)
- (c) (Normal day-to-day activities) include everyday things like eating, washing walking and going shopping.

People with disabilities in the past that meets this definition are also protected by the act



## MEDICAL SCREENING QUESTIONNAIRE

	YES	NO
6. Recurrent sore throats or sinusitis	<input type="checkbox"/>	<input type="checkbox"/>
7. Bronchitis or pneumonia	<input type="checkbox"/>	<input type="checkbox"/>
8. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
9. Heart Disease or High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
10. Fits, Blackouts, or Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
11. Headache, Migraine requiring time of work	<input type="checkbox"/>	<input type="checkbox"/>
12. Suffered from Depression	<input type="checkbox"/>	<input type="checkbox"/>
13. Suffered from a Nervous Breakdown	<input type="checkbox"/>	<input type="checkbox"/>
14. Have a history of Mental Illness or received Psychiatric treatment, including Anorexia or support from a Psychiatric Nurse	<input type="checkbox"/>	<input type="checkbox"/>
15. Back Problems or Sciatica requiring time off work	<input type="checkbox"/>	<input type="checkbox"/>
16. Suffered a Rupture	<input type="checkbox"/>	<input type="checkbox"/>
17. Varicose Veins or Thrombosis	<input type="checkbox"/>	<input type="checkbox"/>
18. Indigestion or Stomach Pain requiring time off work	<input type="checkbox"/>	<input type="checkbox"/>
19. Kidney or Bladder Infections	<input type="checkbox"/>	<input type="checkbox"/>
20. Eye Disease, Injury or significant defect of vision not corrected by spectacles	<input type="checkbox"/>	<input type="checkbox"/>
21. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
22. Serious injury or operation	<input type="checkbox"/>	<input type="checkbox"/>
23. Have you ever been submitted to hospital, if yes give full details.	<input type="checkbox"/>	<input type="checkbox"/>
24. Do you suffer from any other medical or physical condition not included in the above.	<input type="checkbox"/>	<input type="checkbox"/>
26. Are you regularly receiving Injections, pills, tablets or medicines from your Doctor (other than contraception)	<input type="checkbox"/>	<input type="checkbox"/>
27. Are a Smoker	<input type="checkbox"/>	<input type="checkbox"/>
28. Average weekly unit consumption of alcohol 1 Unit = 1pt beer / lager, 1 measure spirit or a glass of wine.	<b>UNITS</b>	<input type="text"/>

## MEDICAL SCREENING QUESTIONNAIRE

29. Please indicate if you have ever received immunisation against the following also could you record the last date (if known) that you received them.

	YES	NO	DATE
TETANUS	<input type="text"/>	<input type="text"/>	<input type="text"/>
POLIOMYELITIS	<input type="text"/>	<input type="text"/>	<input type="text"/>
RUBELLA ( <i>German Measles</i> )	<input type="text"/>	<input type="text"/>	<input type="text"/>
HEPATITIS B	<input type="text"/>	<input type="text"/>	<input type="text"/>
BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST CHEST X-RAY	<input type="text"/>	<input type="text"/>	<input type="text"/>

I understand and acknowledge that should I knowingly make a false statement regarding any medical history either in answering the above questions or to any medical examiner, or should I conceal wilfully any material facts, I will, if engaged, be liable to have my contract terminated immediately, without notice. In the event of any health queries I consent to my General Practitioner supplying relevant information to the Medical Examiner subject to the requirements of the Access of Medical Reports Act 1988.

**Print Name** .....

**Signed** .....

**Date** .....