



Carer Application Pack

TCHomecare 628-630 Green Lanes, Haringey London N8 0SD.
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Job Title: Home Care Worker

Accountable To: Home Care Services Manager/Coordinator/Outreach Supervisor

Responsibilities:

- 1. To provide a Service of Care to clients to enable them to lead as independent a lifestyle as possible. This Care Service will involve a programme of personal care and household management that is personalised for each client in the form of a Care Plan. Care duties will therefore include assisting the client with the following activities, and in so doing will, at all times, observe and respect the client's dignity, privacy, and independence as far as practical:**
 - 1.1 Personal Care:**
 - 1.1.1 Dressing and undressing/preparing the client for Day Care or trips out**
 - 1.1.2 Washing/bathing/showering/shaving/grooming/cleaning teeth**
 - 1.1.3 Hair care (washing/brushing)**
 - 1.1.4 Nail care (fingernails only)**
 - 1.1.5 Toileting and all aspects of personal hygiene**
 - 1.1.6 Continence management**
 - 1.1.7 Care of pressure sores (under appropriate nursing supervision).**
 - 1.1.8 Getting in and out of bed**
 - 1.1.9 Assisting with the use of Aids to Daily Living/Rehabilitation Aids, as required**
 - 1.1.10 Helping with rehabilitation programs, as prescribed by Healthcare professionals**
 - 1.1.11 Day/evening /night sitting services, as required**
 - 1.2 Healthcare:**
 - 1.2.1 Assisting the client to take prescribed medication.**
 - 1.3 Dietary Care:**
 - 1.3.1 Preparation of snacks and meals according to the client's likes/dislikes**

1.3.2 Assisting with feeding, as required

1.4 Domestic/Household Services:

1.4.1 General cleaning duties, to include cleaning/dusting/vacuuming/polishing

1.4.2 Bed-making

1.4.3 Clearing rubbish

1.4.4 Laundering/Hand-washing/Ironing/Light needlework, as required

1.4.5 Fuel Management.

1.4.6 Shopping, and the preparation of shopping lists and assistance with budgeting

1.4.7 Light gardening tasks (subject to previous agreement at the Care Plan stage)

1.5 Personal services:

1.5.1 Assistance with personal finances, including paying bills, collecting pensions, etc.

1.5.2 Personal planning (birthdays/anniversaries etc)

1.5.3 Democratic rights (voting cards, etc.)

- 2. To conform to all Policies and Procedures laid down by the Organisation in respect of carrying out these Care Duties, and in other administrative aspects of the business, as relevant**
- 3. To participate as directed by the Home Care Services Supervisor or Manager in Induction Training, and regular In-service Training programmes**
- 4. To maintain accurate, concise and timely records of client care, diary sheets, time sheets and mileage sheets**
- 5. To participate in Staff, Team, and Quality Management Review Meetings as directed by the Home Care Services Supervisor or Manager**
- 6. To report back to the Home Care Services Supervisor or Manager on any aspect of client care, which he/she feels warrants investigation, or urgent action**
- 7. To participate in reviews of clients' Care Plans, as required**
- 8. To be aware of the tasks and activities which must NOT be undertaken as part of care duties, as set out in Policy 3.2**

POSITION APPLIED FOR:

Job Reference:

Please complete this application form in full, in block capital letters. Please note, applications not fully completed, signed and dated will not be considered.

A: PERSONAL DETAILS

Title (Mr/Mrs/Miss/Ms/other): _____ Surname: _____ Forename(s): _____

Address: _____ Postcode: _____

Telephone *Private:* _____ *Business:* _____ *Mobile:* _____

Date of Birth: _____ Place of Birth: _____ Nationality: _____

National Insurance No: ____ - ____ - ____ - ____ - ____

B: HEALTH & DISABILITIES

Do you have any disabilities which may be relevant to this Job Application? **YES / NO**

If so, please describe them: _____

Are you Registered Disabled? **YES / NO** RDP No: _____

Overall state of health: **EXCELLENT / GOOD / POOR**

Hearing: **EXCELLENT / GOOD / POOR**

Eyesight: **EXCELLENT / GOOD / POOR SPECTACLES / CONTACT LENSES / NEITHER**

Please give details of any medical condition for which you have received treatment in the past 3 years:

Have you had treatment for any condition relating to the abuse or misuse of drugs or alcohol within the last 5 years? **YES / NO**

If "YES" please provide brief details: _____

Are you prepared to undergo a medical examination? **YES / NO**

C: DRIVING RECORD

Are you a car owner? **YES / NO** Make / model / year: _____

Current Driving Licence: **PROVISIONAL / FULL / PSV / NONE**

Driving Licence valid from: _____ to: _____

Details of current endorsements : _____

Have you ever been disqualified from driving, or had insurance refused? **YES / NO**

If "YES" please provide brief details: _____

D: EDUCATION & PROFESSIONAL TRAINING (from year 11)			
Education Centre (school, college etc)	DATES		Qualifications gained
1. Secondary Education (secondary school)			
2. Higher Education (university / college / polytechnic)			
3. Further Education (Professional Training)			
4. Membership of Professional Organisation / Trade Union			

E: EMPLOYMENT HISTORY					
<i>Please provide details of all employment, beginning with your present or most recent job first</i>					
DATES		Employer	Salary	Position(s) held	Reason for leaving
from	to				

F: VOLUNTARY & COMMUNITY WORK EXPERIENCE

DATES		Organisation	Position(s) held	Duties
from	to			

G: LEISURE ACTIVITIES

Please provide brief details of your hobbies, sport and other leisure pastimes in which you participate:

Languages (other than English) : _____ SPOKEN / FLUENT / WRITTEN / READ
 : _____ SPOKEN / FLUENT / WRITTEN / READ

H: JOB FLEXIBILITY

Prepared to work: FULL-TIME / PART-TIME

Please indicate available working hours:

Details of any other work which you will continue to undertake if you are offered this Job Position:

Please provide details of any outstanding holidays to be taken:

AVAILABLE TO TAKE UP EMPLOYMENT FROM:

I: ADDITIONAL INFORMATION

Please use this section to show us how your experience, skills and training gained both inside and outside paid work, or through study, make you suitable for this post. The information that you give here will play a crucial part in the decision whether or not to interview you. Please ensure that you have read the job description and candidate specification for the post and have given us sufficient information to describe how you meet each of the requirements set out in the job description.

J: REFERENCES

Please provide details of 2 referees who we may approach with regards to this Job Application. These referees must not be members of your family, and one must be your present or most recent employer:

1. Name: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Occupation: _____

2. Name: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Occupation: _____

K: CRIMINAL RECORD CERTIFICATES

If the position you are applying for (whether paid or voluntary) is listed in Schedule 1, Part II of the Rehabilitation of Offenders Act (Exceptions) Order 1975, we are entitled to ask Exempted Questions as defined by Section 113(5) of the Police Act 1997 about you. From July 2002 we are required by The Domiciliary Care Agencies Regulations 2002 to acquire a Criminal Record Certificate in relation to any person who is a Care Manager, Domiciliary Care Worker or anyone who will have contact with children and vulnerable adults. This means that if your application is successful we will obtain from the Criminal Records Bureau a Criminal Record Certificate relating to you before your appointment is confirmed.

Having a criminal record will not necessarily bar you from working with us. This will depend upon the nature of the position and the circumstances and background of your offences. We observe the "Code of Practice for Registered Persons and Other Recipients of Disclosure Information" published by the Criminal Records Bureau on behalf of the Home Office, and we will provide you with a copy of it upon request.

Have you any criminal conviction(s) or Police cautions? YES / NO

To apply for Criminal Record / DBS check we require a selection of documents to help prove who you are. If you cannot obtain the documents we require for a DBS check we cannot process your application.

Route One

Can the applicant produce a Group 1 document? If yes, then the applicant must produce 3 documents:

- 1 document from Group 1 ([refer to list of Valid Identity Documents](#)); **and**
- 2 further documents from Group 1 or 2; one of which must verify their current address.

NOTE - Non-UK/Non-EEA Nationals:

All Non-UK/Non-EEA Nationals should be validated via Route One by supplying the following combination of documents:

- Current Passport; **and**
- Biometric Residence Permit **OR** Work Permit/Visa (UK); **and**
- 1 further document from Group 2a or 2b ([refer to list of Valid Identity Documents](#)), which verifies their current address.

If the applicant has satisfied this route, then the document check is complete. If the applicant cannot produce a Group 1 document then go to Route Two.

Route Two

The applicant must produce:

- 3 documents from Group 2 comprising of;
 - 1 document from Group 2a; **and**
 - 2 further documents from Group 2a or 2b; one of which must verify their current address.

Route Three

ALL Customers must have exhausted Route One and should have endeavoured to have accessed an external validation check (Route Two) before you consider processing them via Route Three.

If the applicant cannot meet the requirements of Route One or Two, you should have a discussion with them to establish why they could not meet these requirements and whether there has been a recent or previous change of name that has not been declared.

For Route Three, the applicant must produce:

- A certified copy of a UK birth certificate; and
- 4 further documents from Group 2 comprising of:
 - 1 document from Group 2a; and
 - 3 further documents from Group 2a or 2b; one of which must verify their current address.

If the applicant fails to produce the required document set at Route Three, they will need to go for fingerprinting. This may add delay into the overall application process

Group 1 - Primary Trusted Identity Credentials

- Current valid Passport - UK or EEA (or Non-EEA in combination with a Biometric Residence Permit or current Work Permit/Visa)
- Biometric Residence Permit (UK)
- Current Driving Licence (UK) (Full or provisional) Isle of Man /Channel Islands;
 - Photo card only (a photo card is only valid if the individual presents it with the associated counterpart licence; except Jersey)
- Birth Certificate (UK & Channel Islands) - issued within 12 months of date of birth;
 - Full or short form acceptable including those issued by UK authorities overseas, such as Embassies, High Commissions and HM Forces
- Current Non-UK Photo Driving licence (valid for up to 12 months from the date the applicant entered the UK)

Group 2a - Trusted Government/State Issued Documents

- Current UK Driving licence (old style paper version)
- Certified copy of Birth Certificate (UK and Channel Islands) - issued after 12 months of date of birth
- Marriage/Civil Partnership Certificate (UK & Channel Islands)
- Adoption Certificate (UK & Channel Islands)
- HM Forces ID Card (UK)
- Fire Arms Licence (UK & Channel Islands)

Group 2b - Financial/Social History Documents

- Mortgage Statement (UK or EEA)** (Non-EEA statements must not be accepted)
- Bank/Building Society Statement (UK or EEA)* (Non-EEA statements must not be accepted)
- Bank/Building Society Account Opening Confirmation Letter (UK)
- Credit Card Statement (UK or EEA)* (Non-EEA statements must not be accepted)
- Financial Statement ** - e.g. pension, endowment, ISA (UK)
- P45/P60 Statement **(UK & Channel Islands)
- Council Tax Statement (UK & Channel Islands) **
- Work Permit/Visa (UK) (UK Residence Permit) (valid up to expiry date)
- Letter of Sponsorship from future employment provider (Non-UK/Non-EEA only - valid only for applicants residing outside of the UK at time of application)
- Utility Bill (UK)* - Not Mobile Telephone
- Benefit Statement* - e.g. Child Allowance, Pension
- A document from Central/ Local Government/ Government Agency/ Local Authority giving entitlement (UK & Channel Islands)*- e.g. from the Department for Work and Pensions, the Employment Service , Customs & Revenue, Job Centre, Job Centre Plus, Social Security
- EU National ID Card
- Cards carrying the PASS accreditation logo (UK and Channel Islands)
- Letter from Head Teacher or College Principal (16 - 19 year olds in full time education – only used in exceptional circumstances when all other documents have been exhausted) (UK)

L: DECLARATION BY JOB APPLICANT

ANY PERSON, UPON SUBSEQUENT EMPLOYMENT, THAT IS FOUND TO HAVE KNOWINGLY SUPPLIED FALSE OR MISLEADING INFORMATION, OR HAS DELIBERATELY WITHHELD RELEVANT INFORMATION, WILL BE SUMMARILY DISMISSED

I have read and understood the information supplied to me in relation to this Job Position, and the information requested in this Job Application Form. I confirm that all information supplied by me is true and correct to the best of my beliefs.

I give the prospective employer the right to follow up all references and to make any other job-related enquiries as may be deemed necessary.

Signature: _____ Date: _____

TURKISH CYPRIOT COMMUNITY ASSOCIATION IS AN EQUAL OPPORTUNITIES EMPLOYER

The sole criterion for selection of applicants will be suitability for the Job Position, regardless of gender, background, culture, ethnic denomination, religious affiliation, marital status or disability

Policy 1.14 - CONFIDENTIALITY POLICY

This Policy will define the philosophy controlling issues of Client Confidentiality within the Organisation:

- 1. In the course of their duties staff of TURKISH CYPRIOT COMMUNITY ASSOCIATION will be privy to confidential information concerning clients' private affairs:**
 - 1.1 It is a condition of employment within TURKISH CYPRIOT COMMUNITY ASSOCIATION that such information shall not be disclosed to any unauthorised third party without the express consent of the client, or if the client is unable to judge, the client's immediate family or advocate.**
 - 1.2 Confidential information will not be sought from a client unless expressly in the interests of that client, i.e. to enable a better Care Plan to be developed.**
 - 1.3 The client shall be kept informed at all times of the outcome of confidential discussions by the Care Staff concerning them.**
 - 1.4 It is the Policy at TURKISH CYPRIOT COMMUNITY ASSOCIATION that the client has the right of access to their personal records at any time, in accordance with *Policy No 1.13*.**
 - 1.5 Care Staff will always consult their immediate supervisor or manager if they are unclear with respect to any item concerning confidentiality, or when made privy to confidential information that may have legal and / or criminal connotations (e.g. if a client confides that they have allegedly been submitted to sexual abuse by a staff member).**

- 2. Any breaches of this Policy will be dealt with under an established and documented Disciplinary Procedure.**

I _____ have read and understood the above policy. I am aware of the reasons and my duties in regards to it. I can confirm that I will not in any circumstances attempt to breach this policy.

Signature: _____

Date: _____

Policy 3.24 - GIFTS, GRATUITIES & BEQUESTS TO STAFF

1. It is the Policy at **TURKISH CYPRIOT COMMUNITY ASSOCIATION** that staff will not accept gifts, gratuities or bequests from clients, their family, relatives or friends.

2. Staff must explain politely to clients, family and friends that since it is their job to help them there is no question of them accepting personal gifts or gratuities for the care services given.

3. If the client, relative or friend is insistent upon offering such gifts or gratuities they should be politely but firmly directed to the Home Care Services Manager or Supervisor who will explain that it is Company Policy not to accept such gifts, though the thought behind the gesture is much appreciated.

4. The same principle will apply to bequests made in clients' wills (see *Policy No 3.25*). If a staff member has prior knowledge of a client's intention to make a bequest, then he / she should attempt to dissuade the client from doing so. Such instances must be recorded in the client's Daily Notes.

5. Should it transpire that a staff member is bequeathed a sum of money or a specific gift from the estate of a client, then the staff member should report it immediately to his / her immediate supervisor. If necessary, legal advice will be obtained on his / her behalf and where relevant any records that were previously made of the client being asked not to make such a bequest (3. above) must be provided as mitigating evidence.

I _____ have read and understood the above policy. I am aware of the reasons and I can confirm that I will not in any circumstances accept any **GIFTS, GRATUITIES & BEQUESTS** from the service users/clients, relatives or friends.

Signature: _____

Date: _____

M: MONITORING INFORMATION (please complete this section)

To help monitor the effectiveness of equal opportunities policy and the advertising media used, you are asked to reply to the following questions. This information is required for the purpose of monitoring only. Once the appointment is made, it will not be retained on a personal file.

How did you hear about this vacancy (please state media/publication) _____

Are you Male Female

To which ethnic group do you belong:

- White Turkish Cypriot Greek Cypriot
 Turkish Greek African
 Caribbean UK Black Asian
 Irish Other (Please Specify) _____

To which age group do you belong:

- 18 – 24 Over 65
 25 - 34
 35 - 44
 45 - 54
 55 - 64