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We appreciate your interest in applying for the position as a care worker at Gondal Quality Care

This role involves caring for our customers who are adults of all ages and are unable to completely look after themselves. The work is often undertaken in their own homes but sometimes involves escorting customers on visits outside the home for example to the hospital appointments or to assist with shopping.

We are a family company and our core values are based on treating our carers and customers with trust, warmth and respect as we would wish our own family to be treated. Please see our website www.gqc.org.uk

Our aim at Gondal Quality Care is to provide our customers with an exceptional level of care and to do this we need exceptional carers. Therefore we only recruit the most motivated, caring people to our team who we know will embrace and adopt Gondal Quality Care principles in the workplace. You will also need to be a good communicator, be able to read and write and have basic numeracy skills. We don’t mind if you haven’t worked as a carer before as we are very happy to train you.

To become a qualified carer, you will need to complete the care certificate training which is national qualification introduced on the 1st April 2015 and without this you are not allowed to work as a carer. Once you have achieved this qualification, you can work as an adult social care worker in any setting within the country. We also encourage and support all our staff to undertake care qualifications and ongoing training. We offer a very good rate of pay and also a tax free mileage.

As a carer you will have to have a satisfactory DBS check (Police check) prior to starting to work for us. The cost for this is around £52 which we ask you to pay prior to us sending off the DBS form. This is so that we can start your practical training working with our customers once we have the DBS check back.

Please read the job description and fill in the application form as completely as possible, making sure you have signed the agreement at the end and return it to us. The information you provide will be treated confidentially and will only be seen by our management team who will consider your application carefully and determine whether you will be asked for an interview or not.

We hope that we will be welcoming you to our team very soon.

Registered Manager

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| Post Applied For: |  | | |
| Date of Birth: |  | Full Time | Part Time |

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| **Personal details** | | | | | | | | |
| Title: | Mr | Ms | Miss | Mrs | Other | Address: | | |
| First Name: |  | | | | |
| Surname: |  | | | | |
| Maiden / Previous Name: |  | | | | |
| Marital Status:  Single, Married, Divorced, Widow |  | | | | | Post Code: | | |
| Place of Birth |  | | | | | Are you over 18 | Yes | No |
| Nationality: |  | | | | | Mobile Number: |  | |
| National Insurance Number: |  | | | | | Home Number: |  | |
| GP Name. |  | | | | | Email address: |  | |
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| **Right To Work** | | | | | |
| A part of your application can you provide the required original documents at interview (Circle where appropriate) | | | | | |
| Do you have the right to work in the UK? | Yes | No | Marriage certificate | Yes | No |
| Original Passport | Yes | No | Driving licence | Yes | No |
| Biometric Residence Permits (BRPs) | Yes | No | P60 / P45 / Current wage slip | Yes | No |
| Share Code | Yes | No | Proof of National Insurance Number | Yes | No |
| Residence ID card | Yes | No | Proof of address x 2 (Within last 3 months) | Yes | No |
| Birth certificate | Yes | No | Current passport size photo | Yes | No |
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| **Driving Licence** | | |
| PLEASE NOTE you will need to have business insurance cover for driving between client’s homes and for taking customers out in your own car. This is easy to set up by contacting your insurance company. You will need to provide us with a copy of your insurance policy showing business cover. | | |
| Do you hold a full driving licence – International driving licence | Yes | No |
| Do you have regular access to a car | Yes | No |
| Do you have any endorsements, ever been disqualified from driving or had insurance refused? | Yes | No |
| Would you be happy to take clients out in your own car? | Yes | No |
| Do you have business cover on your car insurance policy? | Yes | No |
| Do you have any penalty points on your current driving license? | Yes | No |
| If yes provide details | | |
| Are you willing to use your own vehicle to commute to and from work | Yes | No |

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| **Working Hours** | | |
| Our working hours are from 7am to 10:30pm Monday till Sunday and there is often sleeping or waking nights available as well. Our busy times are early mornings, evenings and weekends and you will need to be able to work regularly at some of these times in order to be a carer. | | |
| From time to time we expect you to pick up work at short notice within your agreed availability. Will this be a problem for you? | Yes | No |
| When would you be available to start work from? |  |  |
| How much notice do you need to give your current employer? |  |  |
| Please give details of any other work you will continue to undertake if you are offered the job position. | | |
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| Please provide details of any future holidays or time off that you have already committed to. | | |
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| **Additional information** | | |
| How did you hear about this vacancy? | | |
| Have you previously applied with us? | Yes | No |

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| **Availability (Please let us know when you can work. Circle where appropriate)** | | | | | | | | | | | | | | | | | | | | | | |
| Monday | | | Tuesday | | | Wednesday | | | Thursday | | | Friday | | | Saturday | | | | Sunday | | | |
| AM | PM | EVE | AM | PM | EVE | AM | PM | EVE | AM | PM | EVE | AM | PM | EVE | AM | PM | EVE | | AM | PM | | EVE |
| You understand there is shift work and lone working involved in our direct care roles. | | | | | | | | | | | | | | | | | | Yes | | | No | |

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| **A full employment / education history from leaving school is required with all gaps explained, including periods of**  **unemployment.** | | | |
| Start date: |  | End date: |  |
| Employer: |  | Job title: |  |
| Contact: |  | Telephone: |  |
| Address: |  | Email: |  |
| Postcode: |  | Reason for leaving:  (if applicable) |  |

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| --- | --- | --- | --- |
| Start date: |  | End date: |  |
| Employer: |  | Job title: |  |
| Contact: |  | Telephone: |  |
| Address: |  | Email: |  |
| Postcode: |  | Reason for leaving:  (if applicable) |  |

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| Additional employment history if required |

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| Start date: |  | End date: |  |
| Employer: |  | Job title: |  |
| Contact: |  | Telephone: |  |
| Address: |  | Email: |  |
| Postcode: |  | Reason for leaving:  (if applicable) |  |

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| --- | --- | --- | --- |
| Start date: |  | End date: |  |
| Employer: |  | Job title: |  |
| Contact: |  | Telephone: |  |
| Address: |  | Email: |  |
| Postcode: |  | Reason for leaving:  (if applicable) |  |

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| **References** |
| All offers of employment are made subject to satisfactory references and you need to supply details of at least two referees. If you have worked in care before then you must put this employer down as a referee. If you can provide more than 2 referees, we may be able to start you working more quickly.  **Referee 1** must be your present or most recent employer.  **Referee 2** should ideally be from a previous employer but if this is not possible then from a colleague /tutor/supervisor or an upstanding member of the community e.g. teacher, nurse, doctor, vicar who is able to comment on your ability to undertake the role of home carer. It must **not** be from a friend or family member. If you have worked in care before but the care company is not listed as referee 1 you need to list your most recent care employer as referee 2.  **Referee 3** can be a character reference from a colleague /tutor/supervisor or an upstanding member of the community e.g. teacher, nurse, doctor, vicar or a long term family friend who is able to comment on your ability to undertake the role of home carer.  **Referee 4** can be a character reference from a colleague /tutor/supervisor or an upstanding member of the community e.g. teacher,  nurse, doctor, vicar or a long-term family friend who is able to comment on your ability to undertake the role of home carer.  Referee 3 and 4 will only be contacted if we cannot get a reference back from Referees 1 and 2. |

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| In order to process your application quickly may we contact your referees immediately? | Yes | No |

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| In order to process your application quickly may we contact your referees immediately? | Yes | No |

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|  | 1st Referee | 2nd Referee |
| Name: |  |  |
| Position: |  |  |
| Business name: |  |  |
| Address: |  |  |
| Telephone: |  |  |
| Email: |  |  |
| Capacity in which the referee knows you: |  |  |

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|  | 3rd Referee | Character Reference (if needed) |
| Name: |  |  |
| Position: |  |  |
| Business name: |  |  |
| Address: |  |  |
| Telephone: |  |  |
| Email: |  |  |
| Capacity in which the referee knows you: |  |  |

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| Additional information |
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| General Education / Academic Qualifications (G/NVQs) | | | | | |
| Subjects | Level | | Dates | Grade | |
| Ordinary NVQ | Advanced GNVQ | Ord NVQ | Adv NVQ |
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| Professional Qualifications | | | | |
| Cert, Diploma, Degree | College / University | PT / FT | From | To |
| dd/mm/yy | dd/mm/yy |
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| Membership of Professional / Regulatory bodies | | | |
| Full Name of Organisation | Registration Number | Registration Date | Renewal Date |
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| Training & Development | |
| Please give details of any training and development courses or non-qualified courses which support your application. Include any job training as well as formal courses. | |
| Title of training programme / course | Duration of course |
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| **Skills & Experience checklist**(please tick below all that apply) | | | | | | | |
| Do you have any experience working in Health & Social Care? | | | | | **Yes** | **No** | |
| If yes how many years’ experience do you have working in Health & Social Care | | | | | |  | |
| Use of moving and lifting equipment |  | Continence Care |  | Collecting & Testing of specimens | | |  |
| First Aid / Life Support |  | Bed making |  | Medication awareness / Administration | | |  |
| Personal Care / Hygiene needs |  | Confidentiality |  | Paediatrics | | |  |
| Mental Health |  | Dealing with Relatives |  | Theatre / Recovery / HDU / ITU | | |  |
| Challenging Behaviour |  | Learning Disabilities |  | Immediate post-operative care | | |  |
| Feeding / Fluid Balance |  | Dementia |  | Epilepsy | | |  |
| Basic observations & Recordings |  | End of Life Care |  | Handover / Report writing | | |  |
| Care of Mouth / Teeth / Dentures |  | Financial Transactions |  | Suction / Nebulisers / Saturation level | | |  |
| Care of eyes |  | Tracheotomy care &  management |  | Observing conditional changes | | |  |
| Care of Nails |  | PEG / MIC-KEY care & management |  | Cleaning Procedures / cross infection | | |  |
| Handling preparing food |  | Terminal care / Oncology |  | Pressure area care / management | | |  |
| Housework / Shopping |  |  |  |  | | |  |

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| Any other comments in support of your application |

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| **DBS check / Rehabilitation of offender’s act 1974** (exemptions order 1975) | |
| The nature of work for which you are applying involves direct contact with people who are receiving a health service. We are obliged to ask you, in connection with this application, to disclose any convictions you may have. Under the conditions of the above order, you are not entitled to withhold information about convictions, which might be considered “spent”. In the event of employment, failure to disclose such convictions could result in dismissal or disciplinary action. | |
| Please cross out the option that does not apply to you below. | |
| I **Do have** / **Do not have** any cautions or convictions to declare. | |
| Please give details of any convictions / cautions below: | |
| My DBS is registered on the DBS update service and is portable. I give permission for the relevant individual l to do a service check where necessary. | |
| DBS Certificate Number: |  |
| Signed: | Date: |

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| **Declaration of service** | |
| I can confirm that in my current position that **I am** / **am not** undergoing any investigation or suspension in any healthcare organisation or from any professional bodies. | |
| Signed: | Date: |
| Under the Data Protection Act 1988 I agree to allowing my personal file to be viewed by the inspection team from the following bodies:   1. The NHS / The NHS Frameworks 2. Buying Solutions (NHS PASA) 3. CQC (Care Quality Commission) 4. Any relevant 3rd party bodies | |
| Signed : | Date: |

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| **Declarations** | |
| I can confirm that I have read this document fully and that all the information provided is correct and to the best of my knowledge and belief.  I give consent to contact all my previous employers and the named referees regarding the information I have provided. I will inform you if anything changes, that might affect my position. I understand the information given on this form will be processed by computer and used for registration purposes, under the Data Protection Act 1998.  I declare that the information given here in is true and complete and is not presented in a way that is intended to mislead. I agree that if I have given false or misleading information or omit to give the relevant information now or in the future that my contract may cease without notice, as well as a claim for recovery of any payments I have received, together with a claim for loss or profit.  I acknowledge that my personal details will be stored and handled correctly in accordance with the UK General Data Protection Regulations, however, I agree that they may be made available for audit, review by relevant third parties. (This is relevant for all information including all documents – DBS, Occupational Health, References). | |
| Signed: | Date: |

**Kindly send this form back to our email address at info@gqc.org.uk**