

**YOU** **&** **I** **CARE** **SERVICES** **LTD** **Jubilee** **House**

**3** **The** **Drive** **Great** **Warley,** **Warley**

**Brentwood** **Essex** **CM13** **3FR**

**Tel:** **01277** **725** **113,** **01277** **725** **114**

**Job** **Description** **–** **Carer**

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| --- | --- | --- | --- |
| **Employee** **name:** |  | **Issue** **date:** |  |
| **Job** **title:** | Carer |
| **Reports** **to:** | Registered Manager |
| **Main** **function** **of** **the** **job:**(Note: In addition to these functions employees are required to carry out such duties as may reasonably be required).To maintain Care skills at a current level, and undertake such training and development as may from time-to-time be required to maintain that currency of practice.To provide Care in accordance with current best practice, according to policy and procedures, agreed standards, legislative requirements, relevant regulations under the direction of the Manager, and within the financial plans agreed from time-to-time. |
| **Location:** | **YOU** **&** **I** **CARE** **SERVICES** **LTD**, but you may be relocated within the UK at the discretion of the company with 4 weeks’ notice. |
| **Main** **Duties** **(not** **in** **any** **order** **of** **priority):** | **Working** **within** **the** **organisation:** |
| **1.** Develop effective working relationships with the other employees within The Agency. |
| **2.** Support an open, positive and inclusive working culture. |
| **3.** Participate in the development of The Agency’s policies. |
| **4.** Participate in evaluation of The Agency against agreed organisational goals, business, and quality objectives. |
| **5.** Work to establish effective employer-employee relationships. |
| **6.** Minimise legal risks. |
| **7.** Participate in the maintenance of The Agency’s management information systems. |
| **8.** Assist in the formulation and implementation of Care policies and procedures. |
| **9.** Assist in the implementation and maintenance of the standards required by legislation related to the registration of The Agency. |
| **10.** Act within The Agency’s budget based on The Agency’s objectives and within the projected revenue. |
| **11.** Work in a cost-effective manner. |
| **12.** Be involved in the implementation and maintenance of The Agency’s quality assurance programme. |
| **13.** Assist in the design and administration of an evaluation of the Care standards and Care service provision. |
| **14.** Systematically solve day-to-day problematical issues which arise. |

**Job** **Description** **–** **Carer**

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| **Main** **Duties** **(not** **in** **any** **order** **of** **priority):** | **Care** **Services:** |
| **1.** Assist in the development of the philosophy, goals and objectives for the Care practice. |
| **2.** Assist in the assessment of the effectiveness of Care implementation and delivery |
| **3.** Implement action to meet and maintain Care standards. |
| **4.** Work in cooperation with members of multi-disciplinary health teams in order to maximise opportunities for Service User therapeutic Care. |
| **5.** Ensure Service User rights are protected. |
| **6.** Encourage a model of self-care and Service User rehabilitation. |
| **7.** Record relevant activities in Care Plans. |
| **8.** Evaluate standards of Care competence. |
| **Professional** **Long** **Term** **Care** **Leadership:** |
| **1.** Encourage innovative methods for the delivery of Care. |
| **2.** Encourage health promotion within Care strategies. |
| **3.** Seek opportunities for personal and professional growth. |
| **4.** Promote a positive image for residency and employment within The Agency. |
| **Human** **Resources:** |
| **1.** Cooperate with the implementation, evaluation, orientation and induction of all new employees. |
| **2.** Support the implementation of The Agency’s policies and procedures. |
| **3.** Support the effective resolution of team conflicts**.** |
| **4.** Support a work atmosphere which promotes a high quality of work life. |
| **5.** Support and maintain a culture of performance and excellence. |
| **Working** **hours:** |  |
| **Qualifications** **required:** | QCF Diploma |

**APPLICATION** **FORM**

**The** **recruitment** **process** **within** **this** **organisation** **has** **a** **minimum** **of** **two** **stages.**

The completion of this application form is part of stage one. This application will be reviewed and a decision made as to whether to proceed to stage two, the interview, based on this information. PLEASE COMPLETE FULLY AND IN CAPITALS.

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| **Position** **applied** **for:** |  |
| **Approx.** **no.** **of** **hours** **wanted:** |  |
| **Full-time** **/** **part-time**(please circle which you want to work) | **Days/** **Nights/Mornings/Afternoons/Evenings/** **Weekends** **only**(please circle which you are able to work) |
| **Surname:** | **First** **name(s):** |
| Previous surnames (Supply documentary evidence e.g. marriage certificate, deed of name change etc): |  |
| **Current** **address:** |  |
| Post code: | Moved to this address on (date): |
| **Previous** **address**Note: For Criminal Record check purposes, addresses covering the five years up to the application date must be supplied. If necessary, use another sheet of paper. |  |
| Post code: | Moved to this address on (date): |
| **Telephone** **number** (home): | Telephone number (work - *will* *be* *used* *with* *discretion)*: |
| Own Transport (Yes/No):How long has your licence been held? | Clean current driving licence:Endorsements: |
| **Details:** |  |

**EDUCATION**

|  |  |
| --- | --- |
| School/College/University | Examinations Passed/Qualifications Gained |
|  | *(Please* *supply* *copies* *of* *certificates)* |

**TRAINING** **HISTORY/PROFESSIONAL** **STATUS**

|  |  |  |
| --- | --- | --- |
| Date of Graduation/Qualification  | Location/Details | Notes |
|  | *(Please* *supply* *copies* *of* *certificates/membership* *details)* |  |

**ADDITIONAL** **COURSES** **ATTENDED**

|  |  |
| --- | --- |
| Subjects | Location |
|  |  |

**EMPLOYMENT** **HISTORY**

Current/most recent first. Information must cover the whole of your working life to date. State the reasons for any breaks in employment. Use a separate attached sheet if required; please sign that sheet(s).

|  |  |
| --- | --- |
| **Name** **and** **address** **of** **your** **most** **recent/last** **employer:** |  |
| Date employed: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |
| **Name** **and** **address** **of** **employer** **prior** **to** **the** **employer** **listed** **above:** |  |
| Date employed: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |
| **Name** **and** **address** **of** **employer** **prior** **to** **the** **employer** **listed** **above:** |  |
| Date employed: |  |
| Nature of business: |  |
| Position held and reason for leaving: |  |
| Salary / Rate: |  |
| **Other** **roles** (use additional sheet if necessary): |  |
|  |  |
|  |  |
|  |  |
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**Please give details of relevant experience. This may be taken from the work situation, voluntary work, charity or your own home. Please use separate sheet if insufficient space is available.**

**ASSISTANCE** **WITH** **INTERVIEW** **AND** **ASSESSMENT**

|  |
| --- |
| Do you require us to make any special arrangements in order for you to participate in the recruitment process? For example, large print forms? Or additional time to complete forms?Yes / No |
| If yes, please give details:This information will not be used in reaching a decision on whether to offer employment. |
| Any offer of employment may be made subject to a satisfactory medical report. |
| GP’s name: |  |
| Tel no: |  |
| Address: |  |
| *(Your* *GP* *will* *never* *be* *contacted* *without* *your* *permission)* |

**NEXT** **OF** **KIN**

|  |  |
| --- | --- |
| Full name: |  |
| Relationship: |  |
| Tel no: |  |
| Address: |

**IDENTITY** **DETAILS**

|  |  |
| --- | --- |
| Nursing and Midwifery Council PIN number: | (Nurses only) |
| National Insurance Number: | (all applicants) |

**CAPACITY** **TO** **WORK** **IN** **THE** **UK**

|  |  |
| --- | --- |
| Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK? | Yes / No *(circle* *as* *appropriate)* |
| If yes, please provide details. |
| If you are successful in the application, would you require a work permit prior to taking up employment? | Yes / No *(circle* *as* *appropriate)* |

**Note:** Minimum age legislation dictates that Care workers in general must be 16 years old or older. Please inform your interviewer immediately if you do not meet these specifications.

**REFEREES**

You must provide references from your two most recent employers. Please provide an additional character referee. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.

**Current** **or** **most** **recent** **employer**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Post code: |  |
| Tel No: |  |
| Job title: |  |

**Previous** **employer** **to** **the** **one** **above**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Post code: |  |
| Tel No: |  |
| Job title: |  |

**Character** **reference**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Post code: |  |
| Tel No: |  |
| Relationship to you: |  |

**CRIMINAL** **RECORD**

Workers of The Agency are subject to the Health and Social Care Act 2008, and will be subject to a Police Record Check through the DBS. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions.

Please note, you may not be eligible for work in a Care setting if you are on the DBS Register(s).

|  |
| --- |
| **Please** **declare** **all** **criminal** **convictions,** **whether** **spent** **or** **not,** **charges,** **whether** **proceeded** **with** **or** **not,** **and** **warnings** **and** **cautions** **in** **the** **space** **provided** **below.** |
|  |
| **SIGNATURE** **and** **DECLARATION** **–** **IMPORTANT** **–** **READ** **BEFORE** **SIGNING** |
| I declare that to the best of my knowledge and belief the information given by me in this application is true, and I understand that the above information forms the basis of my contract of employment. I understand that if any of the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached and my employment may be terminated immediately.I understand that I may not be offered a post until a satisfactory response has been received with respect to my DBS Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of two satisfactory references, one of which must be from my previous employer, and that confirmation of the employment will be subject to a satisfactory criminal record check from the DBS.I understand that until a satisfactory response is received from the DBS, and my employment is confirmed, I will be supervised at all times at work, and will not seek or have unsupervised access to vulnerable people. If the post I have applied for is as a Registered Nurse, my confirmation of employment will also be subject to a satisfactory search of the Nursing and Midwifery Council records and registers. By my signature, I authorize YOU & I CARE SERVICES LTD to request a DBS Register check and a criminal records check from the DBS, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my DBS Register status or criminal status changes at any time during my employment, such as by being charged with an offence (other than motoring offences), the administering of a warning, criminal conviction, referral to any register of barred Care workers, or withdrawal of any registration required by my employment status.**Signed:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| Registration implies acceptance of our code of confidentiality.In the course of your duties you may have access to confidential information about your clients. On no account must information relating to identifiable clients be divulged to anyone other than your line manager or care manager.**You should not disclose ANY information to your family, friends or neighbours.**If you are worried by any information you have obtained and consider that you should talk about it please MAKE AN APPOINTMENT TO SPEAK IN PRIVATE to your LINE MANAGER.Failure to observe these rules will be regarded as serious misconduct, which could result in removal from the position in YOU & I CARE SERVICES LTD.I have read and I understand the above and I agree to abide by the contents therein.**Signed:** **Date:** |