

Tel: 020 3576 2675 E: <u>info@independentsupportcare.co.uk</u> Unit 302 Radial House, 3-5 Ripple Road Barking IG11 7NP

Date:____/___/

Dear Applicant

Thank you for your enquiry regarding the post of **Community Health Care Assistant**. I am enclosing an application form together with a job description and a person specification.

Please ensure that when returning the application form that you have filled in all parts of the form leaving no employment gaps. If there are any gaps in your employment history the processing of your application willbe discontinued. In order to meet the aims and commitments of this organisation's equality policy, can you please also complete the Equality and Diversity Monitoring form enclosed with this application form. In addition, please supply the names of two people who are willing to act as your referees; one of them mustbe your current/previous employer or educational institute. In the event that you are short listed for an interview, please ensure that you bring with you some form of identification.

As mentioned in the job description may I remind you that the possession/use of a mobile phone is an essential requirement for this post.

When you have completed the application form could you please return it to the above addresses as ticked in person and not by post. Ensure you provide documentary proof of any material claim you may have made on your application form. For example, qualifications, training, etc.

DOCUMENTS TO ACCOMPANY YOUR APPLICATION FORM

- Passport or Home Office Documents
- At least 2 different utility bills (Gas/Electricity/Telephone etc.) showing your name and address
- One passport sized photograph
- Your National Insurance number (NI)
- Certificate(s) indicating your qualifications in the care industry if any
- Certificate(s) of training if any
- Current DBS certificate if any

Note:

A DBS Disclosure Application Form is also enclosed for you to fill and return with your application form. You need to fill in this form even if you already have a DBS Certificate; if you are unsure about how to fill in theDBS Form please do not panic – bring the form back to one of our offices and we will assist you in completing it. The prospect of you working with us depends on the successful outcome of your DBS Disclosure Application Form; Section F of the DBS Form can be ignored.

Thank you for your interest in ISC and I look forward to hearing from you soon.

Yours faithfully,

Atikul Islam Independent Support & Care Itd

ISC APPLICATION FORM



Please complete this application in black ink. Ensure your writing is easily read and understood. Also ensure that you fill in all parts of this									
form, otherwise									
How did you hear about this vacancy?		Are you related to anyone who works at Independent Support & Care Ltd ?			e YES	6	NO		
Post applied for:						Full-time		Part-time	e 🗌
Please note that a that they meet the Personnel Specifie	criteria lis	ted as	essential i	n the	Personnel S	pecification. You			•
			Per	son	al Details	5			
Full Name:									
Address:									
Home Tel No:									
Mobile No:									
Email Address:									
DOB:				National Insurance No:					
Do you have EU passport or Home Office document?		YES	NO		Do you ho Permit?	Do you hold a Work Permit?		N	c
Do you require a p work?	ermit to	YES	NO		Expiration date of Current Permit?				
Do you have a full driving licence? How much notice do you		YES	NO		Do you have access to a Car?		YES	N	כ
have to give? Do you speak any	other land		anart fron	n Enc	ilish?		YES	N	<u> </u>
If yes what are the		Juugoo	upurtiton		<u>j.orr</u> .				<u>- </u>
Who do we contac	ct in case of	of an er	nergency	?					
How are you relate	ed to the c	ontact	person?						
Contact person telephone number:	Hom N	e tel. o:				Mobile No:			
	_	Ban	k / Buil	ding	g Society	Details			
Account Holder's	Name:								
Bank Sort Code:					Account No	o:			
Bank Branch Nam	ne:								
Bank Branch Add and Post Code:	ress								
Building Society									

		Educatio	on		
Please give details of any q example given.					
Schools / Colleges / Institutes Addresses				Qualifications Obtained Grades	
		Trainin	g		
List any relev	ant training cou	urses you ha			of details:
Name of Training Institution	Description of T	Training given	Start	tes Finish	Qualification(s) Obtained

	Employment History						
Please ensure you give a full employment history, starting with your most recent employer. If there are gaps in your employment history, please use the employment gap declaration form provided below.							
Name & Address of Employer:	Post Held & Duties	Dates From To		Salary or Wages			
Reason for leaving:			<u> </u>				
Reason for leaving:		<u> </u>	1	1			
Reason for leaving:							
Reason for leaving			<u> </u>				
Reason for leaving		<u> </u>	I	<u> </u>			
Reason for leaving		1	1	1			
Reason for leaving							

Employment Gap Declaration

Gaps in employment history: If there are any gaps in your employment history, please explain them below. For example, take time off from work to nurse a child, never had a job for quite a while after leaving college, period of unemployment, in university or higher education etc.

Date From	Date To	What were you doing?
The	Asylum	& Immigration Act 1996 (Amendment 2004)
		of the Asylum & Immigration Act 1996 it is necessary for us to establish if all janisation satisfy the requirements of the Act. It will be necessary for you to
produce <u>a</u> appropria		e of the interview at least original two of the following: Please tick as
		previous employer (e.g. P45, P60 or a Pay Slip)

uppi	i opriure.					
1	A document from a previous employer (e.g. P45, P60 c	or a Pay Slip)				
2 A document from the Inland Revenue (showing your name and NI No)						
3 A document from the Benefit Agency (showing your name and NI No)						
4 Passport: which shows you are either a British or a European Union (EU) citizen						
5 A Birth Certificate confirming birth in the UK						
6 A certificate of registration or naturalization as a British citizen						
7 Home Office letter confirming entitlement to work in the UK						
8	8 Two documents for proof of address (utility bills, bank statement etc.)					
	Immunization					
to pro vacc	It is very important that Care Support Workers (CSWs) are aware of the importance of immunization. This is in order to provide safeguards for the Service User, the CSW and their families. With regards to this it is particularly important that vaccination against the following is advisable to be obtained and frequently maintained. However, this is not an employment requirement rather it is introduced on advisory basis:					
•	Pollio	Rubella / Mumps / Measles				
•	• TB	Diphtheria				
1	_					

Hepatitis B

•

Tetanus

•

Job Related Experience / Qualifications

Please read the Job Description and Personnel Specification carefully (Pg.11 & Pg.12) and use this space to convince us that you are qualified for the vacant position. You need to draw on experience from your previous works (this could be voluntary, temporary employment or if you have provided care for someone at home) whether related or not but which contain elements of the Job Description and/or Personnel Specification that are vital for this position. It is important that you tell us as much as possible as the information you provide here will be used to determine whether or not you will be short-listed for an interview. You can also use one additional sheet of A4 should you need to.

Court Convictions

Due to regulations made by the Care Quality commission (CQC), it is mandatory for all employees within the Care Sector to have criminal record checks done by the Disclosure & Barring Service (DBS).

Rehabilitation of Offenders' Act 1974 (Exceptions order 1975)

The exceptions order does not apply to this vacancy because of the nature of the word are applying and the post is exempt from the provisions of section 4(2) of the Act. Apple entitled to withhold information about convictions that would be otherwise spent under of the above act. Information given will be completely confidential. You must declar convictions, cautions and or pending prosecutions. If you have no convictions or caution <u>NONE</u> below. If you have convictions and or cautions please state what below:	blicants a the provine any c	are not visions riminal
The Barring List	YES	NO
To your knowledge do you know if a referral has ever been made against you to the Barring Service?		
If yes please state what:		
Criminal Convictions	YES	NO
Do you have any criminal convictions?		
If yes please state what:		
Disciplinary Action	YES	NO
Has any disciplinary action been taken or pending against you? If Yes, state what in the space provided. You can also use one additional sheet of A4 should you need to.		
If yes please state what:		

References

Please give the names, addresses and telephone numbers of two people whom we can contact for a reference. One must be your most recent employer. If for whatever reason you are unable to use your most recent employer for a reference please state why at the bottomof the page.						
	1s	t Referee (M	lost	Recent Em	ployer)	
Name of Referee:				Company Name:		
Post Held:				Relationship to Employer:		
Company Address:						
Telephone Number:				Company Email Address:		
		2n	d R	eferee		
Name of Referee:				Company Name:		
Post Held:				Relationship to Employer:		
Company Address:						
Telephone Number:				Company Email Address:		
In what capa	acity do	you know t	he s	second refer	ee	Please tick √ appropriate box as below:
Previous Employer		Teacher/Tutor		Vicar	Iman:	Other:
If Other Please Specify:						
If you cannot obtain a reference from your most recent employer please state why:						

Declar	ation [The EEC Working Time Re	egulation (WTR)]
	king Time Regulation (<i>WTR</i>) recommends the king week (<i>without sufficient periods of re</i>	
	are therefore required to sign an agreemen recommendations.	nt stating whether or not they wish to
Please tick (\int	one of the following: -	
	I wish to work more than 4	48 hours
	I do not wish to work more	e than 48 hours
Additional in	nformation: Please add any further inform	nation to support your application.
All information	will be treated in the strictest confidence. I ur	inderstand that appointment if offered
will be subjec preceding info make any inqu to inform them	t to the information given on this form being rmation and statements are true to the best iries deemed necessary in order o verify the in of any convictions and/or cautions received tance of all the conditions outlined.	g correct. I further declare that all th t of my knowledge. I authorize CHC t nformation that I have given and I agre
Applicants Signature:		Date:
	Privacy Notice (GDPR) – Jol	bb Applicants
job application for employment	rsonal data relating to those who apply for job va s to us. We do this for employment purposes, to t, and to assist in the running of the business. Th , date of birth, personal characteristics such a story.	to assist us in the selectionof candidate The personal data may include identifier
We will not sha		
the law allows	are any identifiable information about you with the requires us to do so. The personal data provideriod of at least six months or, if required by law	ided during an application process will b
the law allows retained for a p This privacy no employment o	or requires us to do so. The personal data provic	ided during an application process will b w, for as long as is required. er or contract between us. If we make a
the law allows retained for a p This privacy no employment o information in a If you would lik you want to se	or requires us to do so. The personal data provid period of at least six months or, if required by law ptice does not form part of an employment offer ffer to you, we will provide further information	ided during an application process will b w, for as long as is required. er or contract between us. If we make a on about our handling of your persona licy and how we use your personal data we hold or have any questions or issue

ISC Equal Opportunities Monitoring Form

Independent Support & Care Ltd has an Equal Opportunities Policy; in order to ensure that the policy is effective ISC is using this Equal Opportunities monitoring system. This information is confidential and will be used solely for the purpose of monitoring and planning our services and procedures. Please tick (J) the boxes that describe you best:

Gender	Tick Here
Male	
Female	
Gender	Tick
Black (African)	
Black (Caribbean)	
Black (British)	
Black (Other) – Describe:	
White (British)	
White (Irish)	
White (Other) – Describe:	
Greek/Greek Cypriot	
Turkish/Turkish Cypriot	
Asian (Chinese/Vietnamese)	
Asian (Indian/Pakistani/Bangladeshi)	
Asian (Other) – Describe:	
Latin American	
Arab	
Mixed parentage – Describe:	
Others:	

If others please specify below:

	Where to return this application form:				
Please return this application form to:	Independent Support & Care Ltd				
Address:	HR Department, Unit 302 Radial House, 3-5 Ripple Road, Barking, IG11 7NP				
If you have further queries please call:	0203 576 2675 and ask to speak with the HR Manager				

	For Office Use Only						
Closing date:	osing date: Date Received:						
Application form checked by:	Signature:			Date:			
Interview date:	Job d	offered?	YES		NO		
Date References sent:	Reference	Reference Satisfactory:			NO		
Employee Start Date:	Employee	End Date:		•			

Job Description

Purpose of the job

To provide high standard Personal and Practical support to vulnerable people with domiciliary care needs in their own homes, residential homes or at shelter accommodations. Your work will be overseen formally by the Service Coordinator/Manager and thereon by a Care Supervisor who will become your line manager, you will be reporting to your line manager.

Duties of the post include:

- Providing care at the homes of individuals with special needs and performing a range of supportive functions, including Personal Care, Emotional Support and Domestic Assistance as specified by Social Services / Service User.
- Complying with the directions and requests of the Service User, as far as this is possible and in line with ISC Policy Statements.
- Adhering to the policies of ISC and the principles upon which the service is based.
- Maintaining strict confidentiality of information regarding Service Users within the policies of ISC, the GDPR((EU)2016/679) and the Data Protection Act 1998.
- Bathing in bed / bathroom / chair/ and assisting Service Users with all aspects of personal hygiene.
- Assisting with dressing and undressing.
- Assisting with mobility using any specialized equipment provided Mobility Aids
- Assisting with laundering.
- Preparing light meals and cooking if required and washing up.
- Making and changing Services Users' beds when necessary.
- Making occasional but essential shopping trips and collection of prescriptions.
- Completing and submitting weekly Time-Sheets/Log in and out by using the ECM system provided and completing Expense Claim Forms.
- Completing Incident Forms and submitting them to ISC.
- Participating in Induction Training and regular and purposeful supervision and group meetings.
- Keeping the office informed of any changes that are required or changes in the Service User's condition in his/her service provision as specified by Social Services on the Care Plan.
- To administer service user medicines safely and reporting any dedication errors to your managers
- Taking the Service User to surgery (GP) or hospital appointments if stated on the Care Plan.
- Learning the organisation's Health & Safety regulations, complying with them and being responsible for the reporting of any concerns of the service to your line managers.

ADDITIONAL DUTIES FOR CARE WORKERS AT SUPERVISORY GRADE

- Conduct Risk Assessment and submit to the responsible line manager or evaluator
- To undertake client service reviews and assessments
- Supervise Care Workers, resolve matters between clients and care workers and then report measures taken or recommendations to your line manager
- To undertake introductory visits to service users so as to introduce care workers and the organisation work practices before commencement of care
- To arrange for cover care workers and informing the office of such arrangements
- Training new care workers in service delivery specific to user needs most significantly on transfer aids
- To undertake care workers performance appraisal and recommending training requirements
- Visiting clients for face-to-face interviews, spot checks, telephone monitoring, and reviews
- Communicating with the office, social services, care workers, external agencies & health professionals
- Ensure clients have in their folders all the necessary documents
- Any other duties that you might be called upon to undertake from time to time

Personnel Specification

Criteria or Requirements

Methods of Assessment

- AF Application Form
- I Interview E Essential
- D Desirable

A. Experience and Education	AF	I	Е	D
1. Education	✓			
2. Relevant experience within context of caring	\checkmark	\checkmark	\checkmark	
3. Ability to demonstrate basic knowledge of Health & Safety procedures	\checkmark	\checkmark	\checkmark	
4. Knowledge of keeping client records & confidentiality	✓	\checkmark		
5. Understanding and knowledge of Equal Opportunity in care	\checkmark	\checkmark	\checkmark	
6. Experience in Report writing	✓	\checkmark	\checkmark	

B. Knowledge / Skills / Abilities	AF	I	Е	D
1. Ability to communicate effectively and clearly	✓	✓		\checkmark
2. Responsibility / Interpersonal skills / Emergency procedures	\checkmark	✓	✓	
3. Demonstrable knowledge of Risk Assessment		✓	✓	
4. Punctuality and reliability	✓			✓
5. Knowledge of observable professional boundaries at work		✓	✓	
6. Knowledge of Community Care Services' and service providers' responsibilities	~	✓		
7. Literacy and Numerical abilities		\checkmark		\checkmark