# **GOODWOOD HOMECARE**

# **APPLICATION FORM** (Please complete this form in BLOCK CAPITALS and use Black Ink).

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| **POSITION APPLIED FOR:** | **DATE APPLICATION FORM COMPLETED:** |

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| **PERSONAL DETAILS**  |
| **Title: Mr □ Mrs □ Miss □ Ms □ Other □ (Please Specify)** |
| **First Name:** | **Last Name:** |
| **Home Address:** | **Home Tel:** |
|  | **Mobile Tel:** |
|   | **Email:** |
| **Post Code:** | **National Insurance No:** |
|  | **YES** | **NO** |
| Do you require a Work Permit to work in the United Kingdom? |  |  |
| Do you hold a Full UK Driving Licence? |  |  |
| Do you have any endorsements on your Driving Licence? |  |  |
| Do you own your own vehicle? |  |  |
| Do you have insurance to drive this vehicle whilst carrying out the duties of your employment? |  |  |
| For the purposes of our Company business insurance please state your age. |  |

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| **REGULAR SHIFT AVAILABILITY** |
| At Goodwood Homecare we operate regular shift patterns, which are dependent on the employment vacancies we have available at the time of your application. Please document below the regular shifts that you would prefer to be considered for during your application. All applicants are expected to work regular shifts during the weekend please state which regular shifts you would like to be considered for in conjunction with your application. Please note this position requires full flexibility and these shift patterns may be subject to change during your employment if you are successful. |
| **SHIFT PATTERNS** | **MON** | **TUES** | **WED** | **THURS** | **FRI** | **SAT** | **SUN** |
| 07.00am – 14.30pm |  |  |  |  |  |  |  |
| 14.30pm – 18.00pm |  |  |  |  |  |  |  |
| 18.00pm – 22.00pm |  |  |  |  |  |  |  |

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| **PREFERRED WORKING HOURS** |
|  | **YES** | **NO** |
| **Full-time** | **Full-time** hours are between 30 and 40+ hours worked per week. |  |  |
| **Part-time** | **Part-time** hours are between 10 and 29 hours worked per week. |  |  |

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| **RELEVANT QUALIFICATIONS AND TRAINING** |
| Please complete this section with the details of any relevant care industry qualifications you may hold. **PLEASE NOTE** that if you do not hold any of the following qualifications it will not affect your suitability for employment as we offer a comprehensive training program during your employment. |
| NVQ in Health and Social Care Level 2: | Date Achieved: |
| NVQ in Health and Social Care Level 3: | Date Achieved: |
| NVQ in Health and Social Care Level 4: | Date Achieved: |
| Moving and Handling/Load Management Training: | Date Achieved: | Expires: |
| Medication Training: | Date Achieved: | Expires: |
| Emergency First Aid Training: | Date Achieved: | Expires: |
| Safeguarding of Vulnerable Adults Training: | Date Achieved: | Expires: |
| Health and Safety Training: | Date Achieved: | Expires: |
| Infection Control Training: | Date Achieved: | Expires: |
| Basic Food Hygiene Training: | Date Achieved: | Expires: |
| Fire Safety Training: | Date Achieved: | Expires: |
| Dementia Awareness Training: | Date Achieved: | Expires: |
| Any other specialist areas of training, i.e. Person Centred Care Planning, Dignity and Equality, Learning Disability, Epilepsy etc. Please state in the box below if you hold any further specialist training qualifications and document the date achieved and the expiry date of the qualification. |
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| **POSITION RELATED EXPERIENCE** (Please mark X in the YES or NO column to indicate if you have any experience with any of the categories listed below. Also please mark X if your experience is GOOD or BASIC). |
| **AREA OF EXPERIENCE** | **YES** | **NO** | **GOOD** | **BASIC** |
| Assisting with Personal Hygiene and Dressing |  |  |  |  |
| Supporting the Frail and Elderly |  |  |  |  |
| Supporting people with Learning Disabilities |  |  |  |  |
| Supporting people with Dementia |  |  |  |  |
| Assisting with Immobility |  |  |  |  |
| Working with Hoists |  |  |  |  |
| Dealing with Parkinson’s Disease |  |  |  |  |
| Dealing with Mental Health |  |  |  |  |
| Supporting people after having a Stroke |  |  |  |  |
| Supporting people with Multiple Sclerosis |  |  |  |  |
| Assisting with Catheter Care |  |  |  |  |
| Assisting with Stoma Care |  |  |  |  |
| Supporting people who are Terminally Ill |  |  |  |  |
| Supporting people with Diabetes |  |  |  |  |
| Supporting people with Cancer |  |  |  |  |
| Dealing with Incontinence Care  |  |  |  |  |
| Assisting with Medication |  |  |  |  |
| Dealing with Challenging Behaviour |  |  |  |  |
| Multi Cultural/Religious backgrounds |  |  |  |  |

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| **EDUCATION / TRAINING** |
| Place of Study | Qualification Awarded | Grade | Date Achieved: |
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| **CURRENT OR MOST RECENT EMPLOYMENT**  |
| Name of Current or Most Recent Employer: |
| Position Held: | Reason for wanting to leave: |
| Employers Address:Post Code: |
| Salary: | Employers Tel: |
| Start Date with this Employer: | Notice Required: (or if not currently employed the date you left this position). |
| Brief outline or your duties in this Position: |

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| **PREVIOUS EMPLOYMENT** (In date order with the most recent first, paid or unpaid work. Please make sure you explain any gaps in your employment over the last five years). |
| Name of Employer: | Position Held: | Reason for Leaving: | Dates: From/To |
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(Please attach a separate sheet if required)

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| **SUPPORTING INFORMATION** (Please use this section to support your application by describing any particular skills, knowledge and experience you have gained and how they will equip you for this position. Include any experience such as domestic, temporary, unpaid and or voluntary work). |
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(Please attach a separate sheet if required)

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| **REFERENCES** (Please give the names and addresses of two people who are not family members or friends, who are willing and able to provide references in relation to your application.One of the referees must be your current or most recent employer. In the absence of any previous employment experience, a reference from your last place of full-time education would be a suitable alternative). |
| **CURRENT OR MOST RECENT EMPLOYMENT REFERENCE** |
| Name: | Position: |
| Address: | Company Name: |
|  | Tel No: |
| Post Code: | Email (Required): |
| I can confirm that I am happy for Goodwood Homecare to contact this referee before I am interviewed for the position I have applied for. | **YES** | **NO** |
| **CHARACTER REFERENCE** (Please be aware that anybody providing a Character Reference in connection to your application must have known you for a period of at least two years). |
| Name: | In what capacity does this person know you: |
| Address | How many years has this person known you: |
|  | Tel No: |
| Post Code: | Email (Required): |
| I can confirm that I am happy for Goodwood Homecare to contact this referee before I am interviewed for the position I have applied for. | **YES** | **NO** |

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| **REHABILITATION OF OFFENDERS ACT 1974** |
| All posts within Goodwood Homecare are included in the list of exceptions under The Rehabilitation of Offenders Act 1974. You are therefore required to disclose any spent or unspent convictions including information about any convictions, cautions, reprimands and final warnings. Failure to disclose such convictions may lead to disciplinary action and may result in your employment being terminated.Because of the nature of the duties carried out by Goodwood Homecare, you are required to disclose details of any criminal records. Goodwood Homecare is bound by law and regulation to carry out a Disclosure and Barring Service check on all candidates whom the company wish to employ.**Have you ever been convicted by the courts, cautioned, reprimanded or given a final warning by the police (including motoring convictions)?** YES □ NO □ (If yes, please give details)**Are you aware of any police enquiries undertaken following allegations made against you which may have a bearing on your suitability for the position applied for?** YES □ NO □ (If yes, please give details) |
| **SIGNED:** | **PRINT NAME:** | **DATE:** |

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| **HEALTH AND FITNESS FOR THE POSITION** |
| The position you have applied for requires you to have a level of health and fitness that enables you to support our service users with a variety of tasks during your working week. Tasks and Activities that we may support individuals with include Walking, Pushing Wheelchairs, Using Hoists and other Load Management equipment, cleaning and other household duties. This list is not exhaustive but provides an overview to the support we may provide.**Are there any reasons to the best of your knowledge why you may not be able to perform the tasks and activities required of the position you have applied for** YES □ NO □ (If yes, please give details) |
| I certify that I know of no reason, in relation to my Physical or Mental Health why I would be unable to undertake any of the tasks or activities required, during the course of my employment in the position I have applied for. |
| **SIGNED:** | **PRINT NAME:** | **DATE:** |

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| **DECLARATION** |
| I certify that the information given in this application is true and accurate to the best of my knowledge. I understand that any wilful omission or falsification may lead to the disqualification of my application and if appointed to the position applied for, may lead to my dismissal from Goodwood Homecare. I understand that if my application is successful my appointment is subject to satisfactory references, a satisfactory DBS/CRB disclosure and a current Work Permit (if required). |
| **SIGNED:** | **PRINT NAME:** | **DATE:** |

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| **DATA PROTECTION ACT 1998** |
| The information you supply as part of the application process is handled according to the requirements of the Data Protection Act 1998. Information you supply as part of the application process will be used for recruitment purposes only and, if you are successful, for subsequent employment purposes. If you are unsuccessful, your Application Form is retained for a maximum of six months from the Date Completed and then destroyed. |

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| **EQUAL OPPORTUNITIES** |
| It is our policy to recruit staff on the basis of their ability and their suitability for the position for which they are applying. As part of our equal opportunities policy we welcome applications from all parts of the community. It would help us if you would answer these questions, which assist us to monitor the effectiveness of our policy. We treat the information you give us in confidence. This information does not form part of the selection process. |
| **Title: Mr □ Mrs □ Miss □ Ms □ Other □ (Please Specify)** | **Date of Birth:** |
| **First Name:** | **Last Name:** |
| **Gender:** | **Position Applied For:** |
| **PLEASE ANSWER THE FOLLOWING QUESTION WHICH BEST DESCRIBES YOUR ETHNIC ORIGIN**(Please Mark **X** in one of the relevant columns below). |
| White Background | Black or Black British |
| British |  | Caribbean |  |
| Irish |  | African |  |
| Any other White background |  | Any other Black background |  |
| Mixed Background | Other Ethnic Groups |
| White and Black Caribbean |  | Chinese |  |
| White and Black African |  | Other Ethnic Groups |  |
| White and Asian |  | Please specify Other Ethnic Groups: |
| Other Mixed background |  | Not Stated |  |
| Asian or Asian British | Please use the section below to provide any further relevant information if required. |
| Indian |  |  |
| Pakistani |  |
| Bangladeshi |  |
| Other Asian background |  |
| **PLEASE ANSWER THE FOLLOWING QUESTION WHICH BEST DESCRIBES YOUR RELIGION OR BELIEF**(Please Mark **X** in one of the relevant columns below). |
| Christian |  | Hindu |  |
| Catholic |  | Jewish |  |
| Muslim |  | Sikh |  |
| None |  | Prefer not to say |  |
| Other (Please Specify) |  |

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| The Disability Discrimination Act (2005) defines a person as disabled if they have a Physical or Mental impairment, which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. |
| Do you consider yourself to be covered by the Disability Discrimination Act?  | **YES** | **NO** |

**PLEASE RETURN YOUR COMPLETED APPLICATION FORM BY:**

POST OR HAND DELIVERED IN PERSON TO:

Goodwood Homecare

10 Goodwood Avenue

Bridgnorth

WV15 5BD

OR BY ATTACHING THE COMPLETED APPLICATION FORM TO AN EMAIL TO:

enquiries@goodwoodhomecare.co.uk

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| **INTERVIEW RATING FORM (OFFICE COMPLETION ONLY)** |
| **APPLICANT DETAILS** |
| **Title: Mr □ Mrs □ Miss □ Ms □ Other □ (Please Specify)** | **Interview Date:** |
| **First Name:** | **Last Name:** |
| **Gender:** | **Position Applied For:** |
| **INTERVIEWER DETAILS** |
| **First Name:** | **Last Name:** |
| **Position Held with With Healthcare Limited:** |
| **INTERVIEW SCORING** |
| Interview ratings forms are to be completed by the interviewer to score the applicant on given categories to assess their suitability for the position they have applied for. Under each category, the interviewer should score the candidate on the numerical rating and comment on the category in the space provided. **PLEACE CIRLCE EACH SCORE** |
| **1. APPEARANCE** Consider the applicants appearance bearing in mind that they represent the company in the community. |
| **1**Unsatisfactory | **2**Satisfactory | **3**Average | **4**Above Average |
| **Comments on appearance:** |
| **2. EXPERIENCE** Consider the applicants experience within the care industry or make a judgement on their potential in care. |
| **1**Unsatisfactory | **2**Satisfactory | **3**Average | **4**Above Average |
| **Comments on experience:** |
| **3. KNOWLEDGE OF THE COMPANY** Did the applicant have prior knowledge or did they research company before applying? |
| **1**Unsatisfactory | **2**Satisfactory | **3**Average | **4**Above Average |
| **Comments on knowledge of the company:** |
| **4. ABILITY TO GET ON WITH OTHERS** Consider the applicant on their sensitiveness, friendliness, likability and politeness. |
| **1**Unsatisfactory | **2**Satisfactory | **3**Average | **4**Above Average |
| **Comments on ability to get on with others:** |
| **5. INTELLIGENCE** Consider the applicants intelligence, are they a good listener, have they asked thoughtful questions? |
| **1**Unsatisfactory | **2**Satisfactory | **3**Average | **4**Above Average |
| **Comments on intelligence:** |
| **6. SELF-CONFIDENCE** Consider the applicants self-confidence, are they nervous or relaxed, lack confidence or over confident. |
| **1**Unsatisfactory | **2**Satisfactory | **3**Average | **4**Above Average |
| **Comments on self-confidence:** |
| **7. COMMUNICATION SKILLS** Consider the applicants verbal skills, choice of words, sentences and phrases. |
| **1**Unsatisfactory | **2**Satisfactory | **3**Average | **4**Above Average |
| **Comments on communication skills:** |
| **PLEASE TURN OVER FOR THE CONTINUATION OF THIS DOCUMENT** |
| **8. SUITABILITY FOR THE POSITION** Does the applicant possess potential for the position, did they show interest in care? |
| **1**Unsatisfactory | **2**Satisfactory | **3**Average | **4**Above Average |
| **Comments on suitability for the position:** |
| **TOTAL SCORE** | **Highest Possible Score: 32 Lowest Possible Score 8** |
| **APPLICANT RATING** |
| **8-14**Unsatisfactory | **15-20**Satisfactory/Potential | **21-26**Good | **27-32**Excellent |
| **Comments on applicant rating:** |
| **GENERAL COMMENTS** |
|  |
| **Interviewer Signature:** | **Interview Date:** |