



**Office Use:      Date: Ref 1 applied for:**

**Date: Ref 2 Applied For:**

**Position Applied for:**

**Prepared to work: Full Time:       Part Time:       AM       PM**

## APPLICATION FORM

### **PERSONAL DETAILS**

**FIRST NAME:**

**SURNAME:**

### **CONTACT DETAIL**

**YOUR ADDRESS:**

**MOBLE NUMBER**

**EMAIL ADDRESS**

**DATE OF BIRTH:**

**MOTHERS MAIDEN NAME (FOR dbs):**

**YOUR NATIONAL INSURANCE NUMBER:**

**NEXT OF KIN NAME:**

**NEXT OF KIN PHONE NUMBER:**

**DO YOU OWN A CAR?**

**YES       NO**



DO YOU HAVE A DRIVING LICENCE                      YES                       NO

HAVE YOU ANY CURRENT ENDORSEMENTS? YES                       NO

IF YES, GIVE DETAILS

**ETHNIC BACKGROUND?** Applicants are requested to tick the relevant boxes below to enable the organisation to monitor its equal opportunity policy. Monitoring is recommended by the Codes of Practice for the elimination of racial discrimination and for the elimination of discrimination on the grounds of sex and marital status. This information is used for no other purpose and will be treated as confidential.

White – British

Mixed – Other

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## PREVIOUS EMPLOYMENT HISTORY

**Present OR Last employer:**

**Address:**

**Job title**

**Duties/responsibilities**

**Reason for leaving**

**Date**

<b>FROM:</b>	<b>To:</b>
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**Previous employer:**

# Wealden Community Care Ltd



**Address:**

**Job title**

**Duties/responsibilities**

**Reason for leaving**

**Date**

<b>FROM:</b>	<b>To:</b>
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**Previous employer:**

**Address:**

**Job title**

**Duties/responsibilities**

**Reason for leaving**

**Date**

<b>FROM:</b>	<b>To:</b>
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REFERENCES

**THIS SECTION MUST BE COMPLETED. 2 REFERENCES REQUIRED**

**A WORK REFERENCE AND/OR A PERSON KNOWN TO YOU FOR OVER 2 YEARS.**

**REF.NAME 1:**

**ADDRESS:**

**ORGANISATION:**

**OCCUPATION:**

**TEL.NUMBER:**

**EMAIL ADDRESS:**

**REF NAME 2:**

**ADDRESS:**

**ORGANISATION:**

**OCCUPATION:**

**TEL. NUMBER:**

**EMAIL ADDRESS:**

**OCCUPATIONAL QUALIFICATIONS:**





**Secondary Education**

**School**

**name:**

From:	To:
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**Further Education**

**College/Uni**

From:	To:
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**College/Uni**

From:	To:
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**RECRUITMENT POLICY**

It is the organisations policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, ethnic origin, national origin, sex, sexual orientation, religion or belief, pregnancy, trans-gender status, marital or civil partner status, age or disability.

I authorise the organisation to obtain references to support this application once an offer has been made and accepted and release the organisation and referees from any liability caused by giving and receiving information.

I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement will be sufficient cause for rejection or, if employed, dismissal.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## **JOB DESCRIPTION**

### **Home Community Support Worker**

**Reporting to:** Co-Ordinator / Home Care Manager

**Job Purpose:**

To assist service users with all aspects of daily living

To maintain service user's personal, physical and intellectual independence

To provide care and support in a way which maintains and respects the privacy, dignity and lifestyle of the person receiving care at all times

To provide personal, domestic and social assistance as per care plan

**Main Responsibilities:**

- Assist service users with personal care including getting in/out of bed, washing, dressing, grooming and undressing, as per individualised care plan
- Assist service users with all their toileting needs, including emptying catheter and colostomy bags, and promote continence when appropriate
- Provide domestic and social care including preparation of meals, housework and shopping, also escorting service users to and from their homes, in accordance with the contract and individualised care plan
- Provide all necessary assistance with service user's dietary and fluid intake, and report any changes or observations to Co-ordinator/Manager.
- Assist service user with the identification and taking of medication and record this in line with organisational and legal requirements
- Record all care provided in the appropriate documentation and inform coordinator/manager of all changes to health status
- Comply with all legislation and organisational policies regarding Health and Safety, Fire Regulations and other policies contained within the staff handbook
- Report all hazardous conditions, any faulty or defective equipment and security concerns immediately to Co-ordinator/Manager
- Ensure all activities are performed with highest regard for service user's property and comply with their wishes, needs and state of mind as assessed at each visit
- Maintain dignity, privacy and confidentiality at all times
- Undertake telephone log-in duties at start and end of call
- In the event of no telephone log-in complete timesheet correctly at the end of each visit, request signature from service user or their representative and submit this promptly to Organisation's office



- Report all suspected and actual incidents in accordance with the Organisation's Whistle Blowing policy on Safeguarding Adults
- Ensure full understanding of Personal Emergency Telephone and similar equipment and ~~reinforce it's use to service user and their visitors~~
- Attend service users punctually and reliably, presenting a friendly and professional appearance as per dress code
- Represent the Organisation and it's image favourably to all outside contacts
- Attend all mandatory training as per Organisational policy, and other training, including staff meetings and supervisory sessions, as requested This job description is subject to Organisational changes and demands and should be read in conjunction with the home carer person specification.

This job description will be agreed between the jobholder and the manager to whom he/she is accountable. It may be reviewed in light of experience, changes and developments The information being handled by employees of Wealden Community Care is strictly confidential. Failure to respect the confidential nature of this information will be regarded as a serious breach of regulations, which will result in action under the Disciplinary Procedure including possible dismissal.

Employees must take reasonable care, and be aware of the responsibilities placed on them under the Health and Safety at Work etc. Act (1974) and to ensure that agreed safety procedures are carried out to maintain a safe environment for employees

## **To confirm your identity all successful applicants will need to supply the following documents**

Uptodate Car insurance certificate

Current Driving licence

In Date Passport

Birth Certificate

Marriage Certificate

Recent utility bills X 2







Wealden Community care Ltd  
Health Declaration Form

Please complete the following questions by ticking appropriate box and give any details of any questions answered 'Yes'

Medical History

Have you ever suffered from any of the following illnesses:

If yes, please give details

Visual impairment/eye conditions (including colour-blindness)	Yes	No
Hearing impairment/ear conditions	Yes	No
Fainting attacks, blackouts, epilepsy or fits	Yes	No
Recurrent headaches or migraines	Yes	No
Vertigo, giddiness or tinnitus	Yes	No
Heart Disease	Yes	No
High/Low blood pressure	Yes	No
Asthma	Yes	No
IBS/bowel disorder	Yes	No
Liver disorder/disease	Yes	No
Kidney or bladder problems	Yes	No
Back injury	Yes	No
Eczema, dermatitis or any skin condition	Yes	No
Diabetes	Yes	No
Hernia	Yes	No
Arthritis	Yes	No
Are you Pregnant	Yes	No
Have you had up to date vaccines inc. covid	Yes	No
Any alcohol or drug related problems or illness	Yes	No

## **Wealden Community Care Ltd**

Anxiety, depression or mental Health issues Yes No

Any other medical condition, physical or mental not mentioned above Yes No

Are you prescribed any medication/treatment by a doctor Yes No

Have you ever undergone a surgical operation or been admitted to hospital for any reason Yes No

Have you had a spell of long term illness/absence (over 1 month) Yes No

in the last year? If so, why and for how long.

### Declaration

I declare that, to the best of my knowledge, the information I have given is correct and I am fit to work in the job role offered to me by Wealden Community Care.

Signed:.....

Date:.....



