



Sherwood Prime Care
PROVIDING QUALITY CARE IN THE COMMUNITY

APPLICATION PACK

Contains

**Job Description
Person Specification
Application Form
Equal Opportunity Monitoring Form**

Please return completed pack to:

**Sherwood Prime Care Ltd
The Worksop Turbine
Shireoaks Triangle Business Park
Coach Close
Worksop
Nottinghamshire
S81 8AP**



Job Description for Health Care Worker

Job Title: **Health Care Worker**

Responsible to: **Registered Manager**

Accountable to: **Director/Service Users**

Main aim

We aim to promote independence and undertake a care service with the sensitivity required to preserve dignity, privacy, choice, whilst providing the highest quality of care for our service users, within their own home and still being able to remain in control of their lives.

Principal Duties

- To deliver person centred services as directed by the service user and detailed in their personal care plan.
- To provide care in a manner that supports the service user to remain independent, ensuring dignity and integrity are maintained at all times.
- To provide companionship services such as:
 - Engage in companionship and conversation
 - Reminisce about the past
 - Assist with arranging or attending appointments
 - Stimulate mental awareness
 - Assist with morning wake-up and evening tuck-in
 - Play games or cards
 - Assist with meal planning and diet monitoring
 - Assist with letter or card writing
 - Read books, poetry, newspapers or magazines
 - Recording family history
 - Assistance with walking or wheelchairs
 - Encouragement with taking medication
 - Visiting neighbours or friends
 - Encourage participation of crafts or hobbies
 - Assist with travel arrangements
 - Provide night and daytime sitting service
 - Attend plays, concerts, clubs or events
 - Preparing shopping lists
- To provide domestic services such as:
 - Laundry and ironing
 - Oversee home deliveries
 - Meal preparation, serving and washing up
 - Drop off or collect dry cleaning
 - Shopping
 - Dusting or vacuuming
 - Care of house plants
 - Help to arrange home maintenance services
 - Assist with pet care
 - Organise wardrobes
 - Collection of prescriptions
 - Preparing shopping lists
 - Making beds and changing bed linen
 - Answer the door and help entertain guests
- To provide personal care such as:
 - Help with bathing or showering and hygiene
 - Help with continence care
 - Help with shaving and oral care
 - Medication assistance
 - Assist with morning wake-up and evening tuck-in
 - Convalescence care
 - Assistance with eating and hydration
 - Supervision and monitoring of health & well-being
 - Respite care
 - Assistance with mobility
 - Dementia care
 - Assistance with dressing or undressing
 - Palliative care
 - Overnight services including sleep in and awake staff if applicable



- Always ensuring that:
 - Respect for the service users right to choose and refuse assistance.
 - Physical comfort is maximised at all times.
 - Dignity and respect is maintained.
 - Care is carried out with respect for individual differences of culture, race, religion sexual orientation and gender.

Skills

- Good communication skills are essential to develop effective working relationships with service users as well as communication links with any carer or family member in the service user's home.
- Be able to work as part of a team and work alone.
- Be kind, calm and understanding, maintaining respect and dignity for the service user at all times.
- To be able to perform basic personal care tasks necessary for day-to-day living.
- Good housekeeping skills.
- Be willing to work within service user's own home and accept different environments and varying capabilities of service users.
- To have the ability to communicate with other key professionals from various organisations.

Key Responsibilities

- To follow and provide a package of care as outlined in the service users care plan.
- The safe handling any equipment provided to ensure safe work practice.
- The safe handling and usage of property and equipment belonging to the service user.
- The reporting of any changes to the service user's condition immediately.
- Any accidents or injuries to yourself, other staff members or service users are reported immediately in line with company policy and procedures.
- Follow procedures in line with the company's whistle blowing procedure.
- To work within the boundaries of competency having been instructed in that area and deemed competent.

Key Objectives

- Present for work at the time scheduled.
- Ensure work is completed to a high standard and provided according to the care plan.
- Accurately record the time spent and the work undertaken, on timesheets, work schedules and complete service users file.
- Record the outcome and condition of the service user as appropriate.
- Notify the manager of any changes in the service user condition or circumstances immediately.
- Maintain the confidentiality of the service user.
- Maintain the highest standard of personal hygiene and integrity.
- Wear the uniform provided freshly laundered and in good repair.
- Account for money spent in shopping by producing receipts and record all money transactions on the income & expenditure form in the service user's file.
- Maintain the care and risk policies of the company.
- Regularly attend training and education courses as provided by the company.
- Take care of personal health and safety, as outlined in the company's health and safety policy.
- Participate in regular and annual supervisions and appraisals.

Health Care support workers should also carry out any other reasonable tasks, which are not listed and requested by the manager.



Person Specification for Health Care Worker

Skills

Requirement	Essential	Desirable
Ability to complete simple written tasks	✓	
Domestic Skills	✓	
Personal Care Skills	✓	
Ability to move and handle service users		✓
Ability to communicate	✓	
Ability to maintain confidentiality	✓	
To be understanding, kind and compassionate.	✓	

Knowledge & Experience

Requirement	Essential	Desirable
Basic awareness of health and hygiene issues	✓	
Understanding of social care provision	✓	
Running a household	✓	
Providing care for others (Unpaid or Voluntary)		✓
Paid employment within a similar caring field	✓	
Experience of caring for elderly or disabled people	✓	

Qualifications

Requirement	Essential	Desirable
Willing to work towards Common Induction standards	✓	
Achieved NVQ Level 2 in Health and Social Care		✓
Willing to work towards NVQ Level 2 in Health and Social Care	✓	
Specialist care training		✓

Attitudes

Requirement	Essential	Desirable
Flexible approach to working hours to meet the needs of service users.	✓	
Commitment to a working partnership with service users, other carers, family members and other professionals	✓	

Other

Requirement	Essential	Desirable
Ability to work on own initiative unsupervised	✓	
Ability to drive between service users homes	✓	



Personal Details

Employee

Please complete and return as soon as possible

PART 1

Title:		Attach Photo
Full Name inc any middle names:		
Address:		
Postcode:		
Date of Birth:		
Home Tel No:	Mobile Tel No:	
Email:	NI No.:	
Marital Status:	Single <input type="checkbox"/> Married <input type="checkbox"/>	
Emergency Contact Details	Name	
	Tel No.	
	Relationship to you	
Bank Account No:	Bank Sort Code:	
Bank Account Name:		
Bank Address:		
If offered an interview, are there any dates you cannot attend?		
If offered a position, what is the earliest date available to start work?		

PART 2

Employment Forms Please tick as applicable	P45 Enclosed	
	P45 to follow	
	P46 signed and enclosed	
If the post requires you to drive, please answer the following questions. If your application is successful, a copy of your driving licence and your vehicle insurance policy for business use must be provided.		



Do you hold a full UK Driving Licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Copy attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you own a car?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Do you have any penalty points on your licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

PART 3 – Education/Training

Note: All personal details will remain strictly confidential in accordance with the Data Protection Act 1998.

General Education

Dates From and To	School Attended	Subject	Grade/Result

Further Education

Dates From and To	School/College Attended	Subject/Course	Grade/Result

Other Training/Development

Dates From and To	School/College Attended	Subject/Course	Grade/Result

All Qualifications Held (copies to be attached)



PART 4 - Previous Employment

Current/Last first. 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).

1

Name and address of your recent/last employer	
Date Employed from and to	
Nature of business	
Position held and reason for leaving	
Salary / Rate	

2

Name and address of Employer prior to the employer listed above	
Date Employed from and to	
Nature of business	
Position held and reason for leaving	
Salary / Rate	



3

Name and address of Employer prior to the employer listed above	
Date Employed from and to	
Nature of business	
Position held and reason for leaving	
Salary / Rate	

4

Name and address of Employer prior to the employer listed above	
Date Employed from and to	
Nature of business	
Position held and reason for leaving	
Salary / Rate	

Other Roles (use additional sheet)	
Are there any gaps in your work history? If yes please explain the gaps.	



Further Information

Please include why you are applying for this role and how you consider you meet the criteria set out in the job description. 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.



PART 5

Employee Health Questionnaire

This health questionnaire must be completed and signed by the employee.

The purpose of the health questionnaire is to identify any pre-existing medical conditions where an employee may be at risk if exposed to certain materials or working environments and to prevent situations where a medical condition could make them at risk to others.

A positive answer to any question will not necessarily preclude employment, but employees may be referred to a Doctor for evaluation against the type of work which will be undertaken and to determine any control measures required.

All records will remain strictly confidential.

Name:	
Address:	
GP's Name:	
GP's Address:	

Please answer the following questions by circling the answer which is applicable. If YES please provide details (on a separate sheet if necessary)	Details
Have you ever had a serious industrial accident or suffered from an industrial disease? Yes / No	
Have you ever been advised for any medical reason not to do any kind of work?, e.g. night work, shift work etc. Yes / No	
Are you in receipt of a disability pension? Yes / No	
Are you a registered disabled person? Yes / No	
Are you in good health? Yes / No	
Do you wear spectacles or contact lenses? Yes / No	
Are you at present under the care of your GP or hospital, or receiving any treatment? Yes / No	
Do you take regular prescribed drugs or over the counter medicine? Yes / No	
Have you been off work (or school) for more than 4 consecutive weeks in the last 2 years? Yes / No	



Do you or have you ever suffered from any of the following? If YES please provide details	
Any form of Tuberculosis, Bronchitis or Pneumonia	Yes / No
Recurrent sore throat or sinusitis	Yes / No
Asthma	Yes / No
Any other chest problems / shortness of breath	Yes / No
Any allergy or hay fever	Yes / No
High or low blood pressure	Yes / No
Stomach or bowel problems	Yes / No
Eye problems	Yes / No
Ear / Hearing problems	Yes / No
Nose / Nasal problems	Yes / No
Back / Joint problems, e.g. lumbago, sciatica	Yes / No
Difficulties in bending and lifting	Yes / No
Psychiatric / Psychological problems	Yes / No
Anxiety problems / Depressive illness	Yes / No
Heart disease / Chest pains / Heart attack	Yes / No
Fainting attacks / blackouts	Yes / No
Severe headaches / Migraine	Yes / No
Vertigo / giddiness / dizziness	Yes / No
Fits / Epilepsy	Yes / No
Severe head injury	Yes / No
Eczema / Dermatitis / Other skin problems	Yes / No
Stroke	Yes / No
Kidney / Bladder problems	Yes / No
Diabetes	Yes / No
Hernia / rupture	Yes / No
Arthritis, rheumatism or other joint/bone conditions	Yes / No
RSI (repetitive strain injury)	Yes / No
Hepatitis or Jaundice	Yes / No
Claustrophobia	Yes / No



Prolonged bouts of sickness / diarrhoea	Yes / No
Any other conditions requiring out patients appointments.	Yes / No
Trouble with your memory or ability to concentrate	Yes / No
Any other serious condition.	Yes / No

If you answered yes to any of the above questions, please give details here. Please provide details of any further illness, medical conditions, operations, or accidents (e.g. broken bones) not listed above:

Please record the last date (if known) that you received immunisation for:

- 1) Tetanus
- 2) Polio
- 3) Rubella (German Measles)
- 4) Hepatitis B
- 5) BCG (TB)

What is your height? _____ What is your weight? _____

What is your dress size? (For uniforms) _____



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Have you ever been discharged from, or declined for health reasons, and service or employment? If so, please give details.

.....

Have you been abroad within the last year? If so, when and where?

.....

Did you suffer from fever, diarrhoea, bowel or stomach upset while abroad or on your return home? If so, please give details?

.....

Have you ever had any serious illness or injury involving absence from work for more than two weeks during the last two years? If so, please give details.

.....

How much absence from work have you had as a result of ill health during the last two years?

.....

I confirm, to the best of my knowledge, that the information provided and replies given to the above questions are correct and accurate at the date below. Should any medical condition arise during the course of my employment, the Company will be informed immediately.

Signed:

Date:



PART 6

References

Please give the names and addresses of two referees who have given permission for their names to be used, and that we can contact for a reference. You should not name relations or personal friends. You must include your present or most recent employer and one other person to give a character reference.

Referee 1

Name	
Address	
Postcode	
Email Address	
Tel No.	

Referee 2

Name	
Address	
Postcode	
Email Address	
Tel No.	



PART 7

Rehabilitation of Offenders Act 1974 (Exemptions Order) 1975

The Exemptions Order does not apply to this vacancy because of the nature of work for which you are applying and the post is exempt from the provisions of Section (42) of the Act,

Applicants are NOT entitled to withhold information about convictions that otherwise would be “spent” under the Provision of the Act. Information given will be strictly confidential.

Have you any criminal convictions, or have you ever been cautioned by the police?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any criminal convictions or cautions with the police pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there any other reasons why you would not be suitable for this employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the answer to any of the above is yes, please give details and dates.		

FAILURE TO DISCLOSE ANY CRIMINAL OFFENCE COULD LEAD EITHER TO YOUR APPLICATION BEING REJECTED OR, IF YOU ARE APPOINTED, TO DISMISSAL IF IT IS SUBSEQUENTLY LEARNED THAT YOU HAVE HAD ANY CRIMINAL CONVICTIONS.

NON OPTIONAL SECTION – Applicants Declaration
Read and understand before signing.

1. I confirm that the information given above is complete and correct, and that I understand that any incomplete, untrue or misleading information given to the employer will entitle the employer to reject my application, withdraw any employment offer made, or, if I am employed, dismiss me without notice.
2. I agree that the employer reserves the right to require me to undergo a medical examination to assess my suitability to work

I CERTIFY THAT I HAVE READ AND UNDERSTOOD THE ABOVE AND THAT THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT.

Signature: _____ Date: _____

Any appointment to the vacancy for which you are applying will be subject to a satisfactory Standard of Enhanced Level Disclosure form the Criminal Records Bureau. A conviction will not necessarily be a bar to obtaining the position.

FOR OFFICE USE ONLY



Interview:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
Interview Letter sent	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
References sent for	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
References received	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
Unsuccessful Letter	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:

Candidate Appointed

Employee Start Date		Job Title	
Employee No.		Rate of Pay P/HR	
Induction Date			
Start Date			
Letter of Appointment sent	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
Employment Contract Issued	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
Payroll / Office Forms Updated	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:



In compliance with our Equal Opportunity Policy, we are monitoring job applications to make sure discrimination on the grounds of sex, sexual orientation, gender reassignment, race, ethnic origin, religion, marital status, age and disability do not occur. We would be grateful if you would complete and return this form with your employment/job application form.

CONFIDENTIAL

1. Gender	<input type="checkbox"/> Male		
	<input type="checkbox"/> Female		
2. Preferred Title	<input type="checkbox"/> Miss	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs
	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other:
Full Name			
3. Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Separated
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Other:
4. Ethnic Origin	<input type="checkbox"/> White British	<input type="checkbox"/> White Irish	<input type="checkbox"/> White Other
	<input type="checkbox"/> Black/Black British	<input type="checkbox"/> Asian	<input type="checkbox"/> Asian British
	<input type="checkbox"/> Chinese	<input type="checkbox"/> Mixed	<input type="checkbox"/> Other:
5. Disability	Do you consider yourself to be disabled under the Disability Discrimination Act? (The Disability Discrimination Act (1995) defines disability as "a physical or mental impairment which has a substantial and adverse effect on a person's ability to carry out day to day activities".)		<input type="checkbox"/> Yes
			<input type="checkbox"/> No
	If yes, what is the nature of your disability? (optional)		
6. Age Range	<input type="checkbox"/> 16 - 24	<input type="checkbox"/> 25 - 34	<input type="checkbox"/> 35 - 44
	<input type="checkbox"/> 45 - 54	<input type="checkbox"/> 55 - 64	<input type="checkbox"/> 65+

The information you have provided here will be stored either on paper records or a computer system in accordance with the Data Protection Act 1998 and will be used solely to monitor the diversity of Sherwood Prime Care Ltd recruitment regarding Equal Opportunity issues.