



# AMY ADAMS HOMECARE UK Limited

## APPLICATION FOR EMPLOYMENT AS A CARE WORKER

For more information please visit [www.amyadamshomecareuk.co.uk](http://www.amyadamshomecareuk.co.uk)

You **MUST** provide the following at interview. Applicants without this documentation may have their application rejected.

- 1) Two forms of identification (preferably passport and driving license)
- 2) An 'official letter with YOUR name and address on it (e.g. Phone Bill / Bank Statement etc.)
- 3) Proof of 'Right to Work in the UK' (if you do not hold an EU passport)

Your surname .....	Title (Mr/Mrs/Miss etc.).....
Your forenames.....	
Your address.....	
..... Post Code .....	
Previous surnames (if any) .....	
Home telephone .....	Mobile .....
Email address .....	Religion .....
National Insurance number.....	Are you currently entitled to work in the UK? <b>Yes/No</b>
Nationality.....	Date of Birth: .....
Passport Number .....	Issue Date.....Expire Date.....
Are you a car owner? <b>Yes/No</b>	Do you intend to use your car for work? <b>Yes/No</b>
Do you hold a current full licence to drive in the UK? <b>Yes/No</b>	
Driving licence number.....	
Licence type <b>Paper / Photocard</b> (delete as applicable)	Licence valid from (date) .....
Country of issue ... <b>UK / other</b> (delete as applicable).	If not UK specify .....
Full name of next of Kin.....	Tel/Mobile Number.....
Address of Next of Kin.....	Post Code.....

### OFFICE USE ONLY

Additional ID?

Availability for training

Available for work:

Act



**Part One: Availability.**

**Please read this before you complete the Availability Form:** Standard working requirements are five days each week plus alternate weekends. It is not a requirement that Care Workers should work more than one period per day but you are free to commit to as many as you would like to. Hours are not guaranteed and shift periods are for illustration only. Payment is made for 'contact time' only.

**IMPORTANT: This availability will form the basis of any employment offer and, if you are accepted, forms a commitment on your part.**

<b>AVAILABILITY FORM</b>	<b>Weekdays</b>	<b>Weekends</b>
<i>Tick the boxes corresponding to the times you are available</i>		<b>Minimum of alternate weekends</b>
Morning 0700-1200	Tick if available	Tick if available
Lunch & Afternoon 1200- 1700	Tick if available	Tick if available
Evening 1700-2200	Tick if available	Tick if available

- **Total number of hours per week you are seeking**.....  
Please note that the amount of work is variable and that staff may not be working throughout periods marked above as 'available'.

..... Hours/week
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- **I will only get paid for induction when I have completed my first 100 hours**

**Support worker Signature .....**

**Date.....**



Part Two: Addresses

**IMPORTANT NOTE:** You must include **ALL** your previous & current address in the last five Years without leaving any gaps

Address	Month & Year



**Part Three: Employment History**

Are you currently employed? **Yes / No**

**IMPORTANT NOTE:** You must include **ALL** your previous jobs. **Full** employment history Any gaps in employment must be explained.

Employer's name & address	Your job title	From (month & year)	To (month & year)	Reason for leaving
Current or last employer				
Previous 1				
Previous 2				
Previous 3				
Previous 4				
Previous 5				
Previous 6				
Previous 7				
All other previous employment Continue overleaf if necessary				



## Part Four: Rehabilitation of Offenders Act

The provisions of the above Act and its subsequent amendments state that convictions which are normally deemed as 'spent' do not apply in cases where employment involves vulnerable people. Therefore, your answer to this question should include ANY 'spent' convictions.

Have you ever been cautioned or convicted of any criminal offence? <b>YES / NO Delete</b> as appropriate If 'Yes' give details here:	
Do you smoke? (If YES how many per day)	
Would you find a Customer smoking in your presence acceptable?	<b>YES / NO</b>
Do you drink alcohol (if so, how many units per week?) I unit equals I glass wine/ I pint beer/ I single measure of spirit	

## Part Five: Experience

Please give details of any care-related qualifications you hold	
Do you have experience of: Moving & Handling people?	<i>Tasks you have performed (e.g. Hoisting, Moving from wheelchair to bed etc.)</i>
Do you have experience of: Personal care including bathing and toileting?	<i>Tasks you have performed (e.g. washing, shaving etc.)</i>
Do you have experience of: Cooking housekeeping and feeding?	<i>Tasks you have performed (e.g. your cooking abilities, housekeeping, have you fed anyone? etc.)</i>
Do you have experience of: Prompting medication?	<i>Tasks you have performed (e.g. oral medication, medication prompting etc.)</i>
Have you carried out general care (this may be on a personal or professional basis)	<i>Tasks you have performed</i>
Have you managed the running of a house?	
Give details here of your experience at cooking / food preparation and the types of food you can cook	



**Part Five: References**

We need to have details of two people who can give you a reference. One should be your present or previous employer and one should be someone who knows you in a professional capacity (not a relative);

**Please note: We do not request references until after the interview (an offer of employment is subject to satisfactory references)**

<p>1. Employment Reference  <b>(Your current employer. If you are unemployed you may enter your most recent past employer and write 'Currently Unemployed'. No other is acceptable)</b>  <i>Name address and post code</i></p>	<p>Referee's job title.....          Telephone number .....</p> <p><i>By providing this referee you are giving your permission for us to contact them about your suitability for the role.</i></p>
<p>2. Character Reference  <i>Name address and post code</i></p>	<p>How do you know this person? .....</p> <p>.....</p> <p>Referee's job title (if applicable).....</p> <p>Telephone number .....</p> <p><i>By providing this referee you are giving your permission for us to contact them about your suitability for the role.</i></p>

Is there any additional information which may affect your application? YES / NO

If 'YES' give details here:

**STATEMENT**

I hereby declare that the information given throughout this form and in any verbal statement is accurate and complete and that no material facts have been withheld. I confirm that this is a genuine application for work and that if I am selected I am available for work at the times stated within this form and that I will abide by the regulations and contractual requirements of AMY ADAMS HOMECARE UK Limited

Signature ..... Date .....

When you have completed this form please return it in the stamped addressed envelope to: **AMY ADAMS HOMECARE UK LIMITED, ROOM1, 2<sup>nd</sup> FLOOR, 37 TAMWORTH ROAD, CROYDON, CR0 1XU**

**Please note that AMY ADAMS HOMECARE UK Limited is an equal opportunities employer**



## SUPPORT WORKER AVAILABILITY

DAY	Morning							Afternoon					Evening				
	06.00	07.00	08.00	09.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00
Mon																	
Tues																	
Wed																	
Thur																	
Fri																	
Sat																	
Sunday																	

Should you require your timed availability, you will need to apply to do so in writing giving 4 weeks clear notice. This does not mean that Amy Adams Homecare UK Limited will be able to offer work in the alternative requested time.

Support Worker Signature \_\_\_\_\_ Date \_\_\_\_\_



## STAFF PAY LIST

(NVQ HOLDER)

<b>Visit Duration</b>	<b>Weekdays Per Visit</b>	<b>Weekends Per Visit</b>	<b>Bank Holidays Per Visit</b>
60 Min	£9.00	£10.00	£13.50
Sleeping Night from 22:00 – 07:00	£55.00	£60.00	£82.50
Waking Night From 22:00 – 07:00	£72.00	£81.00	£108.00





## STAFF PAY LIST

(NO NVQ HOLDER)

<b>Visit Duration</b>	<b>Weekdays Per Visit</b>	<b>Weekends Per Visit</b>	<b>Bank Holidays Per Visit</b>
60 Min	£8.50	£9.00	£12.75
Sleeping Night from 22:00 – 07:00	£50.00	£55.00	£75.00
Waking Night From 22:00 – 07:00	£67.00	£76.00	£100.50



## EQUAL OPPORTUNITIES MONITORING

Amy Adams Homecare UK Limited, embraces an equal opportunity policy and wishes to recruit and employ those people who are best suited for the vacancies for which they have applied, regardless of sex, sexual orientation, religion, race, disability, or union membership (or lack of it), in line with current legislation.

Name:					
Male:		Female:			
Nationality: Tick as Applied:					
Asian	Yes		No		
Black	Yes		No		
White	Yes		No		
Bangladeshi		African		British	
Indian		Caribbean		European	
Pakistani		Others		Others	
Others		Others		Others	
Religion:			None	Prefer not to say	
Language:		Fluent:		Basic	
Do you consider yourself to have a disability?	Yes/Details/Registration No:				No:
Sexual Orientation					
Heterosexual:		Bisexual:		Gay:	
Transgender:		Others:		Prefer not to say:	



## DATA PROTECTION AGREEMENT

Mr /Mrs /Miss /Ms:
Support Worker Name:

The “Data Protection Act 1998” places a responsibility on all companies, who keep personal data on computers and /or hard copy, to adopt the data protection principles as outlined in the act, and to provide data subjects, service users, support workers and staff with access to personal information relating to them.

### Security:

Information held on computer is password controlled. Only authorised staff of Amy Adams Homecare UK Limited are allowed access. All information held on computer relating to staff and support workers are backed-up on a daily basis: hard documents are held in lockable cabinets.

### Permission for disclosure:

I understand that as an Amy Adams Homecare UK Limited employee, I may be contacted or interviewed by social services or CQC Inspectors for carrying out routine inspections as required under the National Care Standards, for this purpose I consent to my personal file being disclosed.

I DO  I DO NOT consent to my file details being disclosed to any other third party, except for reference purposes without my prior permission.

Signed by staff member /support worker: .....

Date: .....



### HEALTH DECLARATION

The information given in this questionnaire will remain confidential

Please tick the relevant box

Have You Suffered From:	Yes	No	Details
Impaired Hearing?			
Eye Problems?			
Diabetes?			
Skin Problems?			
Heart Problem/Defect?			
Raised Blood Pressure?			
Epilepsy, Fits or Blackouts			
Hay Fever?			
Asthma, other breathing problems?			
Rheumatism/Arthritis?			
Stomach Problems?			
Varicose Veins?			



Kidney Problems?			
Back Pain/Joint Injury			
Depression or similar health issues			

Have you been admitted to hospital in the last three years?		Yes	No
Details			
Are you currently receiving treatment for any medical condition?		Yes	No
Details			
Are you currently taking medication for any condition		Yes	No
Details			
Have you ever been refused employment or health insurance because of an existing condition?		Yes	No
Details			
How many days sick leave have you had in the last 2 years?		Yes	No



Over how many periods

I have answered all questions to the best of my knowledge and understand any false information can lead to dismissal.

Applicant Name:	
Applicant Signature:	
Date:	

Based on the information given to me in this declaration, references and the application form, this person is fit to work with Amy Adams Homecare (UK)

Interviewer Name:	
Interviewer Signature:	
Date:	



## JOB DESCRIPTION – SUPPORT WORKER

**Position:** Support Worker

**Responsible to:** Care Manager/Registered Manager

### **Role**

- To enable and/or assist individuals to remain in the community, to be supported and maintained safely in their own homes thereby enhancing their quality of life.
- Support service user to maintain relationships with neighbours, the neighbourhood and to engage in activities of interest in the community, provide social contacts, especially for service users who live alone
- Encourage service user's individuality and independence
- Assist other support workers and professionals to provide care for service users
- *Act as a representative of 'Care in the Community'*

### **Responsibilities**

- To visit service users, at times as directed by the /care Coordinator and management
- To be vigilant for signs of distress or anxiety in service users; any deterioration in physical and mental health, safety of the environment and to report all matters of urgency to the Manager or Care Coordinator
- To support and enhance the independence of service users as specified in their support plans and summon appropriate assistance in an emergency.
- To carry out all tasks in a way that demonstrates respect for the privacy, dignity and values of all tasks in a way that demonstrates respect for the privacy, dignity and values of the service user, irrespective of severity or disability or personal circumstances.
- Report and record any changes in care provided to the Care Coordinator
- Escort service users to attend hospital appointment and Day Care Centre where appropriate



## **Personal Care**

- Assist service users in/out of bed, chair etc. using agreed procedures stipulated in their care plan
- Assist service users in turning to relieve pressure areas
- Assist service user to dress and undress, care of aids and personal equipment (hearing aid, glasses, dentures, prosthesis, etc.)
- Assist service users in all aspects of personal hygiene: washing, bathing, showering, shaving etc.
- Assist service users to maximise their own abilities and skills
- Assist service users to access toileting facilities, emptying commodes and disposal of incontinence materials, using agreed health and safety procedures
- Assist service users with feeding according to their care plan.
- Ensure catheter bag is emptied, according to care plan

## **Social**

- Actively encourage service users, according to their capabilities, to participate in all aspects of daily living activities.
- Develop and maintain personal contact with the service user through talking and listening
- Provide support as part of a caring team, liaising with informal carers, other agencies or professionals where necessary.
- Assist the management to maintain good relationships with other personnel (i.e. Community Nurse, Social Worker, GP etc.) involved in the care of the service user as part of a caring team

## **Domestic**

- Where directed, maintain cleanliness of service users home, to meet with health and safety requirements
- Light fires or operate other sources of warmth
- Where appropriate facilities are available launder and iron cloths and/or bed linen
- Undertake essential shopping, payment of bills etc.
- Where directed prepare, or reheat meals provided and/or demonstrate to service user

## **General Duties**

- Maintain accurate and legible records
- Maintain confidentiality always
- Advise service users of the complaints procedure (where appropriate)
- Participate in all mandatory training courses, including NVQ L2/L3 in Health and Social Care
- Comply with legal requirements (Domiciliary Care Agency (#wales) Regulations 2004, National Minimum Standards: Health and Safety at Work Act, etc.)





### **Decision Making Authority**

- Be responsible for all day to day decisions within the confines of the duties allocated and job description

### **Qualification and Experience**

- NVQ L2/Dip. L2 in Health and Social Care
- An understanding of the relevant Health and Safety Legislation for Moving and Handling
- Experience of working with dementia and/or physical disabilities
- Experience of working with the elderly people, people with dementia, children, and learning and physical disabilities categories of service users.

### **Criminal Record Bureau Disclosure**

This post entail you in having substantial contact with the elderly, sick and disabled. Therefore, Amy Adams Homecare UK Limited requires a record of work relationship with the group of service users stated above. You will be required to do a criminal records check before job is awarded.



## Payroll Starter / Amendment Form

### Personal Details (write in BOLD capitals with black pen)

Surname: \_\_\_\_\_ Title: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Email Address \_\_\_\_\_

Home Tel No: \_\_\_\_\_ Mobil No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Religion: \_\_\_\_\_ Languages: \_\_\_\_\_

Car Driver: \_\_\_\_\_

position: \_\_\_\_\_ start Date: \_\_\_\_\_

Salary: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

tax and National Insurance Details

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P45 Submitted: Yes No  P46 Completed Yes  No

Bank / Building Society  fails

Name of Bank / Building Society: \_\_\_\_\_

Address: \_\_\_\_\_

Sort Code: \_\_\_\_\_ Account No: \_\_\_\_\_

Building Society Reference: \_\_\_\_\_

Account Name: \_\_\_\_\_

Signature of Staff: \_\_\_\_\_



## APPLICANT DBS DISCLOSURE AGREEMENT

Name of Applicant:		
Address:		
	Postcode:	
Telephone/Mobile No:		

To support my application as a Support Worker, I am authorising Amy Adams Homecare UK Limited to apply for:

An Enhanced DBS Disclosure at a cost to me of: £59.00

I confirm that I have been advised of these costs and I am personally responsible for full payment of my DBS Disclosure.

Job Centre Voucher Supplied

Payment received in full: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## PROFORMA

Support worker name	
Original Documents	Tick appropriate Box
Current passport	
Current Visa (if you are not a EU citizen)	
National Insurance	
UK Driving Licences	
Birth Certificate	
Marriage certificate	
Current Bank Statement	
Current Utility Bill Statement (No phone bill)	
I certify that all documents provided above is precise and accurate.	
Signature:	Date: