



JOB DESCRIPTION

JOB TITLE: HOME CARER

Home Carers are appointed to provide physical, practical, personal care, accurate reporting and record keeping and/or domestic duties to individuals in their own homes.

RESPONSIBLE TO: HOME CARE CO-ORDINATOR / CARE SERVICES MANAGER

QUALIFICATIONS / EXPERIENCE:

Previous experience in relevant care field is not essential, training updates will be provided.

Home carers are required to have a genuine interest in caring for and working with people.

Good communication skills are necessary.

Ability to adapt to varying working situations.

Home Carers must have a mobile telephone.

A full driving licence is essential.

MAIN DUTIES AND RESPONSIBILITIES:

To be available at agreed times and to be flexible enough to respond to need at short notice.

To be reliable and provide appropriate practical caring skills and support individuals to those who need physical support, depending on their individual need. Recognise the team role in the provision of care and support.

To provide any domestic tasks as appropriate to assist with the individual health needs.

To prompt and/ or supervise prescribed medication, as appropriate.

To communicate with line managers and maintain client communication books to facilitate best practice in the administration of care packages.

To attend and participate in regular training, development, supervision and appraisal sessions in negotiation with the Operations Director and Training Co-ordinator, to meet the needs and changing needs of clients and Elite HomeCarers.

To comply with all relevant Elite HomeCarers policies and procedures as detailed in the Personnel Guidance System and Integrated Management Manual. To follow procedures and conduct duties in a professional manner, promoting the best interest of the client and Elite HomeCarers.

COMMITMENT TO QUALITY

As part of Elite HomeCarers commitment to quality, a quality assurance system is in operation over all areas of work.

CONFIDENTIALITY MUST BE RESPECTED AT ALL TIMES.



ELITE HOMECARERS - APPLICATION FORM

POSITION APPLIED FOR: Home Carer

The following information will be treated in the strictest confidence.

PERSONAL

(Please complete this section in BLOCK CAPITALS)

Surname:		First Name(s):	
Address:			

Contact Tel. Number(s):
Home:
Mobile::

Full Driving Licence:	YES/NO	Endorsements:	*YES/NO
* If YES, please give further details including dates.			

Are you involved in any activity which might limit your availability to work or your working hours e.g., local government?	YES/NO
If YES, please give full details.	
Are you subject to any restrictions or covenants which might restrict your working activities?	YES/NO
If YES, please give full details	
Are you willing to work overtime and weekends if required?	YES/NO
Please give details of any hours which you would not wish to work:	
Have you any convictions, including both spent and unspent convictions under the Rehabilitation of Offenders Act 1974? (A copy of the Company's CRB/Disclosure Scotland Code of Practice is available on request.)	YES/NO
If YES, please give full details	
Are you prepared to undergo a medical examination before employment?	YES/NO
Have you ever worked for this business before?	YES/NO
If YES, please give full details	YES/NO
Have you applied for employment with this business before?	YES/NO
Do you need a work permit to take up employment in the U.K.?	YES/NO
How much notice are you required to give to your current employer?	

EDUCATION

Schools attended since age 11	From	To	Examinations and Results
College or University	From	To	Courses and Results
Further Formal Training	From	To	Diploma/Qualification
Job related Training Courses Name of Organisation	Date	Subject	

Please give details of membership of any technical or professional associations:

Please list any foreign languages spoken and the level of competence:

EMPLOYMENT DETAILS

Please give details of your past employment, excluding your present or last employer, stating the most recent first.

Name and address of employer	Dates	Position held/Main duties	Reason for leaving

PRESENT OR LAST EMPLOYER

Are you currently employed?	YES/NO	
Name of present or last employer:		
Address:		
Telephone No:		
Nature of business:		
Job title and a brief description of your duties:		
Reason for Leaving:		
Length of Service:	From:	To:

INTERESTS, ACHIEVEMENTS, LEISURE ACTIVITIES (e.g. hobbies, sports, club memberships)

SUPPLEMENTARY INFORMATION

Please set out below any further information to support your application, e.g. past achievements, future aspirations, personal strengths.

EQUAL OPPORTUNITIES MONITORING FORM

Elite HomeCarers is committed to promoting equality of opportunity, and has a policy that all individuals will be recruited, trained and promoted according to ability and job requirements only. In order to ensure that it's Equal Opportunities Policy is as effective as possible; Elite HomeCarers needs to gather information about people who apply for employment. This information will not be used for any other purpose than the monitoring of Equal Opportunities. The information you give will be treated in the strictest confidence. The monitoring form will not be seen by the shortlisting or interview panel. **PLEASE COMPLETE THIS FORM AND RETURN IT WITH YOUR APPLICATION FORM. WITHOUT IT, YOUR APPLICATION WILL BE INCOMPLETE AND MAY BE RETURNED TO YOU.**

NAME: _____

POST APPLIED FOR: _____

Please complete (X) the appropriate boxes below:-

- Are you currently employed by Elite HomeCarers? Yes No
1. Are you: Male Female
2. Are you: Married/in a Civil Partnership Single Separated Divorced Widowed
3. What is your age? 16-24 25-34 35-44 45-54 55+
4. What is your ethnic origin?

WHITE

- A. British
- B. Irish
- C. Other

MIXED

- D. White & Black Caribbean
- E. White & Black African
- F. White & Asian
- G. Any Other Mixed Background

ASIAN / ASIAN BRITISH

- H. Indian
- I. Pakistani
- J. Bangladeshi
- K. Any Other Asian Background

BLACK / BLACK BRITISH

- L. Caribbean
- M. African
- N. Any Other Black Background

OTHER ETHNIC GROUP

- R. Chinese
- S. Any Other Ethnic Group

5. Are you a person with a disability? Yes No

If yes, please outline below if you need any additional support with the application process?

ADVERTISING MONITORING

It is also useful for Elite HomeCarers to monitor the most effective means of advertising. Please therefore indicate where you found out about this vacancy:-

- A. Word of Mouth B. Vacancy Bulletin C. Job Centre D. Internet/Intranet
- E. Local Press F. National Press G. Professional Journal
- Please Specify: _____

For Office Use Only:

Shortlisted: "	Interviewed: "	Appointed: "
----------------	----------------	--------------

Pre-Employment Medical Questionnaire

We will not contact your doctor without your prior written consent.

How many days' absence have you had from work in the last three years?	Days
Are you currently on medication (excluding contraceptives)? If YES, please give further details.	YES/NO
Have you spent time in hospital in the last three years? If so, why?	YES/NO
Do you suffer from any injury, illness, medical condition or allergy that might affect your ability to perform your duties? If YES, please give further details.	YES/NO
Do you consider yourself to have a disability? If YES, please give further details.	YES/NO

Please indicate if you have suffered from any of the following ailments and give details of any current medication or treatment and date of last related condition.

Ailment	Yes	No	Details
Headaches			
Blackouts			
Backache			
Heart/Blood Pressure			
Rheumatism/Arthritis			
Allergies			
Infectious Disease			
Respiratory Problem			
Visionary Problem			
Hearing Loss			
Mental Illness			
Stress Related Illness			
Recurring Chronic Illness			
Any Other Condition			

Please give details of any Specialist/Hospital/Clinic attended within last three years

Any further information you wish to provide

REFERENCES

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made?

YES/NO

Name:	Name:
Position:	Position:
Address:	Address:
Tel. No:	Tel. No:

SOURCE OF APPLICATION

How did you hear of this vacancy?

--

DECLARATION

Given the nature of the job to which I have applied, I understand that any offer of employment will be subject to information on my criminal record and POVA listing being disclosed to the Company by the Criminal Records Bureau/Disclosure Scotland. I have been given a copy of the Company's Equal Opportunities Policy, which includes information relating to the recruitment of ex-offenders.

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand these details will be held in confidence by the Company, for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.

Signature:	Date:
------------	-------

Data Protection Notice:

The Company requires certain information before you start employment, to ensure you will be able to perform the requirements of the job and give reliable service, and to ensure compliance with relevant Health and Safety regulations. The information is also required in order to establish whether any reasonable adjustments may need to be made to assist you in performing your duties, in accordance with the Disability Discrimination Act 1995.

The information you provide will be treated in the strictest confidence, and used only for the purposes detailed above in compliance with the Data Protection Act 1998.

I confirm that the information given in this Questionnaire is complete and accurate to the best of my knowledge. I consent to the Company collecting and retaining this data in accordance with the Data Protection Act 1998.

Signature:	Date:
------------	-------