



Application Form

Please send your completed application form to
**Enterprise Care Ltd, 32 Moot Gardens,
 Downton, SP5 3LF**

PLEASE COMPLETE USING CAPITALS AND BLACK INK OR TYPE

Job Title: Care Worker		
Personal Details		
Title	Surname	Forenames in full
Nationality	If you are from outside the European Economic Area, do you need a work permit for this post? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Address	Telephone: Day	Evening
Postcode	Mobile	Fax
	Email	National Insurance Number
Referees		
Please give below the names and addresses of two people from whom references may be sought, at least one of whom should have recent knowledge of your work; your current employer must be included.		
May we approach your referees before interview? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Name	Address	
Position	Postcode Telephone Fax Email	
Name	Address	
Position	Postcode Telephone Fax Email	
When are you available to work and estimated hours a week you would require? Monday to Friday (between 0700/1700) – at what times? Which week day evenings can you work from (1700-2100)? How many weekends a month?		

Data Protection Act 1998

Your signature on this document gives the Enterprise Care the right, under the Data Protection Act 1998, to process the information you have given, including data of a sensitive nature, for processes relating to your application for employment, which have been notified to the Offices of the Information Commissioner. Any processing of the data by Enterprise Care will be in accordance with the Data Protection Act. Application forms of unsuccessful candidates will be destroyed after 6 months.

Disability

The Disability Discrimination Act 1995 defines disability as a 'physical or mental impairment which has a substantial and long term adverse effect on the ability to carry out normal day-to-day activities'.

Based on this definition, do you consider yourself to have a disability? YES NO

If YES, please state the nature of your disability

If you have a disability, please indicate whether you would need any particular arrangements to be made, or support provided, if you were invited for interview/offered the post.

Criminal Records Disclosure

Have you ever been convicted of an offence that is not 'spent' under the Rehabilitation of Offenders Act 1974? Do you have any prosecutions pending against you?

YES NO

If 'YES' please provide details separately in a sealed envelope

Relevant Car Insurance

Do you have the correct car insurance?

YES NO

Due to traveling to different locations while working for Enterprise Care you will need to have Business Car Insurance. Generally the cost isn't much more than your existing insurance.

Is your general fitness and mental health satisfactory for the position applied for?

Yes

No

If No, please give details below:

Have you been made subject to an order under any section in the Mental Health Act?

Yes

No

If Yes, please give details below:

Health Details

Have you suffered from any of the following conditions?

Asthma?	Yes/No
Bronchitis or Chest infection?	Yes/No
Heart Disease?	Yes/No
High Blood Pressure?	Yes/No
Epilepsy or fits of any description?	Yes/No
Psychiatric or nervous conditions Requiring treatment?	Yes/No
Skin Disease or allergic reaction?	Yes/No
Back injury or Back Problems?	Yes/No
Are you suffering from any illness Or disability at present?	Yes/No
Are you disabled, whether or not registered?	Yes/No
If registered please give registration number	No:
Is your Hepatitis B immunisation up to date?	Yes/No
Is your TB immunisation up to date?	Yes/No

Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving

Please list all absences from work in the last 12 months and reason for such absences.

I declare to the best of my knowledge that I am physically fit and mentally suitable to work with vulnerable adults.

Applicant's signature:

Date:

Relevant courses

Completion Date	Course Title	Grade Achieved (if applicable)	Comments

Please continue on separate sheets of paper if required.

Please state why you believe you are a suitable candidate for this post by explaining how you meet its requirements and the experience which you have that is relevant. Please give examples of particular achievements.

Continue on separate sheets if required.

I confirm that the details in this form and any other information relating to my formal application for employment are correct.

Signature of Applicant **Date**

For official use only
I the manager declare to the best of my knowledge that the person named on this application form is physically fit and mentally suitable to work with vulnerable adults.

Managers signature: Date:

Post Applied for

Month/Year

Enterprise Care is committed to equality of opportunity in employment and to the selection of the best person for the job. The information you are providing on this page is **anonymous** and is used **for monitoring purposes only**. It is not used in the selection process. **This form should be returned with your application form, but will be removed from your application prior to shortlisting.**

Personal Details

Gender Male Female

Age Under 25 25-34 35-44 45-54 over 54

Disability

Enterprise Care wishes to encourage suitably qualified disabled people to apply for jobs – all information will be treated in confidence.

The Disability Discrimination Act 1995 defines disability as a 'physical or mental impairment which has a substantial and long term adverse effect on the ability to carry out normal day-to-day activities'.

Do you consider yourself to be disabled? Yes No

If yes, what is the nature of your disability?

Nationality and Ethnic Origin

Nationality Please specify

Ethnic Origin

- | | | | |
|--------------------------------------|--------------------------|------------------------------------|--------------------------|
| Asian or Asian British - Bangladeshi | <input type="checkbox"/> | Black or Black British - African | <input type="checkbox"/> |
| Asian or Asian British - Indian | <input type="checkbox"/> | Black or Black British - Caribbean | <input type="checkbox"/> |
| Asian or Asian British - Pakistani | <input type="checkbox"/> | Other Black Background | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | | |
| Other Asian background | <input type="checkbox"/> | | |
| Mixed – Asian and White | <input type="checkbox"/> | White – British | <input type="checkbox"/> |
| Mixed – Black African and White | <input type="checkbox"/> | White – Irish | <input type="checkbox"/> |
| Mixed – Black Caribbean and White | <input type="checkbox"/> | Other White background | <input type="checkbox"/> |
| Other Mixed background | <input type="checkbox"/> | Other Ethnic background | <input type="checkbox"/> |

Where you saw the advertisement

Newspaper/Publication Please specify

Website/internet Please specify Word of Mouth

JOB DESCRIPTION — DOMICILIARY CARE WORKER

Purpose of Position

To share with other staff in meeting the personal care needs of service users in a way that respects the dignity of the individual and promotes independence. Care provided by care assistants is expected to include care that would reasonably be given by members of the service user's own family and is not expected to include tasks that would normally be expected to be undertaken by a trained nurse.

Principal Responsibilities

1. To assist service users who need help with getting up in the morning, dressing, undressing, washing, bathing and the toilet.
2. To help service users with mobility problems and other physical disabilities, including incontinence and help in use and care of aids and personal equipment.
3. To care for service users who are temporarily sick and needing, for example, minor dressings, bed nursing, help with feeding, etc.
4. To help care for service users who are dying.
5. To help in the promotion of mental and physical activity of service users through talking to them, taking them out, sharing with them in activities such as reading, writing, hobbies and recreations.
6. To make and change beds; tidy rooms; do light cleaning and empty commodes.
7. To inspect, launder service users' clothing.
8. To set tables and trays; serve meals; feed service users who need help; prepare light meals and wash up; tidy and clear the dining room.
9. To answer emergency bells, the door and the telephone and greet visitors.
10. To read and write reports, and take part in staff and service users' meetings and in training activities as directed.
11. To perform such other duties as may reasonably be required.
12. To comply with the agency's guidelines and policies at all times.
13. To report to the agency manager any significant changes in the health or circumstances of a service user.
14. To encourage service users to remain as independent as possible.

Person Specification — Essential Criteria

The following personal attributes are considered essential to the post of care worker:

- (a) self motivated
- (b) organized
- (c) flexible
- (d) caring
- (e) sensitive to the needs of others and to the sick or infirm
- (f) an active team player but also able to work on own initiative
- (g) a good communicator.

All staff are required to respect the confidentiality of all matters that they might learn in the course of their employment. All staff are expected to respect the requirements under the **Data Protection Act 1998**.

All staff must ensure that they are aware of their responsibilities under the **Health and Safety at Work, etc Act 1974**.

Application form information sheet

PLEASE ANSWER ALL THE QUESTIONS ON THE FORM AS FULLY AS POSSIBLE. CONTINUE ON EXTRA SHEETS OF PAPER WHERE NECESSARY.

References

Any job offer received is subject to the receipt of satisfactory references; therefore please include the names of two referees in the space provided making sure that you include their full details and address. Referees must know the applicant in a professional capacity. We regret that we cannot accept personal references from family or friends. Please note that referees will only be contacted with your prior consent or after a job has been offered.

Employment History

Please include a full employment history; this should cover your entire working history, any gaps should also be accounted for (please use a continuation sheet if necessary).

CRB (criminal record) Checks

If you are selected to attend an interview you will be required to bring with you at least three forms of identification, one of which must be a driving license. Other forms could include: passport, birth certificate, P45/60, national insurance card, utility bills or bank statements (please consult us if you need further clarification). At least one form of identification must be photographic.

If a job is offered a CRB and a POVA (protection of vulnerable adults) check will be carried out and all job offers are conditional on the receipt of a satisfactory check. The CRB check must be completed before you will be able to start work.



Data Protection Act 1998 Consent

In consideration of my continued employment with Enterprise Care of 32 Moot Gardens, Downton, Wiltshire SP5 3LF ("Enterprise Care"), I confirm that in relation to Personal Data and Sensitive Personal Data (as defined by the Data Protection Act 1998) provided by me to the Enterprise Care, that I give my consent to the holding and processing of that data for all purposes relating to my employment with the Enterprise Care. In particular I agree that the Enterprise Care can hold and process Personal and Sensitive Data in order to pay and review my remuneration and other benefits, provide and administer any such benefits, provide information to professional advisers and to legal and regulatory authorities such as Revenue and Customs and the Contributions Agency, administer and maintain personnel records (including sickness and other absence records), carry out reviews of my performance, provide information to potential purchasers of the Enterprise Care or the business area in which I work, give references to future employers, and transfer Personal and Sensitive Personal Data concerning you to a country outside the EEA.

N.B please sign, date and return with your application form.

Signed:

Dated: