

Application Form
Confidential

IMPORTANT: The form must be completed in full. A Curriculum vitae will not be accepted as a substitute. Please complete in block capitals. Please tick boxes where applicable.

Application for the post of:	
Surname:	First Name:

Address:	Home Tel No:
	Mobile Tel No:
	Work Tel No:
	Email:

<p>Do you own a car? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you have a full driving licence? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you have any endorsements? (Give details)</p> <p>.....</p>
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EDUCATION AND TRAINING: Please give details of Education and Qualifications obtained from Secondary School, Further and Higher Education

Place of Study	Dates	Qualification – please state subject and grade

WORK RELATED TRAINING: Please give details of any courses you have attended, or specialist skills training undertaken.

Organising Body	Dates	Course Title/Subject

Your Job Title:		Salary:
Date Commenced:	Notice required:	
Employer's Name & Address & Nature of Business:	If currently unemployed give reason for leaving and date left:	
Please give brief description of your duties:		

PREVIOUS EMPLOYMENT: Please start with most recent employment and work back, giving reasons for any gaps in your employment.

From/To Month/Year	Employer's Name, Location and Nature of Business	Job Title, outline of duties and reason for leaving – If part-time, state hours worked

Please use separate sheet if required.

Please use this section to describe particular skills, knowledge and experience RELEVANT TO THIS POST (including voluntary or community activity, public duties, member of professional organisation or research and published work). This section must be completed.

PERSONAL STATEMENT: Please state why you consider yourself suitable for this post and why you applied for it.

Have you ever been dismissed from any employment? If yes, give details

HEALTH

Successful applicants will be required to complete a confidential health questionnaire.

MOBILE PHONE (Bring your own device)

It is a requirement of employment with Orchard Home Care Service for all mobile care workers employed with Orchard Homecare Services Ltd to have a personal smart phone to be able to download the necessary app and activate the location settings. The reason we require this is to ensure the safety of our service users and your safety whilst lone working by allowing you to log in and out of care visits.

Care workers must download the iCare Business Manager application during induction. We will support you with activating this and pay a set monthly allowance for data usage.

Do you have a smart phone? Y / N

Are you willing to download the necessary app and activate your location settings? Y / N

Situational Question 1

William is 75 and has a severe brain injury. He used to work as a brick layer, where one day he fell whilst on scaffolding and from that day forward, the world was changed forever for him and his family. William also known as Bill was a fun-loving guy with loads of friends and enjoyed a joke and a laugh. He was a proud man who provided for his family. Since the fall happened, he has changed considerably.

He likes things done in a particular way, which makes him feel at ease. If things are not done in a particular way or order, he can become agitated and challenging.

Claire and Dan are allocated the call with William and they understand he can be challenging and are slightly nervous to do the call. The last care company William had had to give notice due to being unable to manage his behaviour. Claire and Dan meet William and his wife Sheila on the initial visit. They ask them both how they like things to be done and they both explain how William likes his routine to be carried out, so he has things done his way. Claire records the morning routine on Bills case notes and from then on, they do things that way. Both carers can see that Bill responds well when these things are done in order, which enables him to feel more in control, which puts him at ease and remains calm.

Is this a person-centred approach or not? Yes / No

Situational Question 2

Joan is 59 and has a learning disability and needs support to live independently. Her speech is sometimes difficult to make out. The carer's visit Joan 3 times a day. On the initial visit the care workers are to help get Joan dressed. They are struggling to make out what Joan is saying and since they only have half an hour to complete all the tasks. They stop trying to make conversation and understand her needs and very efficiently get her up, wash and dress her. They completed the job within the time and have made sure she is ok but have not fully understood what she was trying to say to them. They have left not having gotten to know anything about Joan.

Is this a person-centred approach or not? Yes / No

What do you think are the most important values a carer should have?

If you can list at least 5 and put them in order (1 – 5). 1 being most important.

- 1
- 2
- 3
- 4
- 5

REFERENCE/CONTACT WITH PRESENT AND RECENT EMPLOYERS

Please give the name, address, telephone numbers and where appropriate the e-mail addresses of two people who have agreed to act as referees for you. One should be your most recent of present employer with whom contact can be made to verify the details of your present or most recent employment. The person should be in a management or supervisory position. The other should be a recent employer or if you do not have a suitable employment referee please provide the details of a person willing to provide you with a character reference. We will contact both referees prior to interview unless you indicate otherwise.

Referee Name:	Referee Name:
Position:	Position:
Organisation:	Organisation:
Address:	Address:
Telephone No:	Telephone No:
E-mail Address:	E-mail Address:

ELIGIBILITY TO WORK IN THE UK

If you are not a British or European Economic Area citizen, you may need a work permit to be able to work in the UK. If you are successful in being offered a post, the University can apply for a permit for you, but you may not start work without one.

- a) Do you need a work permit to be able to work in the UK? Yes No
- b) Are you the spouse/dependant of someone who requires a work permit or visa to work or study in the UK? Yes No
- c) Do you have a travel document, United Kingdom residence? Permit or letter issued by the Immigration and Nationality Directorate Of the Home Office which provides the appropriate endorsement in Relation to residency and permission to work in the UK? Yes No

If you have answered 'Yes' to B or C, please provide Expiry Date:

If offered this position will you continue to work in any other capacity? (Give details)

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EQUAL OPPORTUNITIES

Orchard Home Care Services Ltd is committed to making its Equal Opportunities policy fully effective. To assist in monitoring this policy please complete this section. This information is not used in selection for the post.

1. Gender: Male Female Prefer not to say Prefer to self-identify

2. Disability Status: Do you have a disability which fits the definition in the Disability Discrimination Act – a physical or mental impairment which has a substantial and long term (i.e. over at least 12 months) adverse effect on your ability to carry out normal day-to-day activities?

Yes No Prefer not to provide information

(If you have a disability, and if you were shortlisted, please indicate any reasonable adjustments that would be required for you to attend the interview).

3. Ethnic Origin: This refers to people who share the same cultural background and identity, not country of birth or nationality. Please note these categories are those used in the National Census.

- | | |
|---|---|
| <input type="checkbox"/> White British | <input type="checkbox"/> Black or Black British - Caribbean |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Black or Black British - African |
| <input type="checkbox"/> Other White background | <input type="checkbox"/> Other Black background |
| <input type="checkbox"/> Asian or Asian British – Indian | <input type="checkbox"/> Asian or Asian British - Pakistani |
| <input type="checkbox"/> Asian or Asian British – Bangladeshi | <input type="checkbox"/> Other Asian background |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Mixed – White and Black Caribbean |
| <input type="checkbox"/> Mixed – White and Black African | <input type="checkbox"/> Mixed – White and Asian |
| <input type="checkbox"/> Other Mixed background | <input type="checkbox"/> Other Ethnic background |
| <input type="checkbox"/> Prefer not to provide information | |

4. Nationality

CONVICTIONS/CAUTIONS

Successful applicants will require an enhanced DBS Disclosure.

Do you have any unspent conditional cautions or convictions under the Rehabilitation of Offenders Act 1974? (Y/N)?

Do you have any adult cautions (simple or conditional) or spent convictions that are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2020? (Y/N)?

If yes, please give details below:

Date	Details of cautions / convictions as requested above

DECLARATION

The amendments to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (2013 and 2020) provides that when applying for certain jobs and activities, certain convictions and cautions are considered 'protected'. This means that they do not need to be disclosed to employers, and if they are disclosed, employers cannot take them into account. In the event of employment; any failure to disclose such convictions could result in dismissal or disciplinary action.

Guidance about whether a conviction or caution should be disclosed can be found on the Ministry of Justice website

Any information given will be completely confidential and will be considered only in relation to the application for positions to which the order applies.

PLEASE READ AND SIGN THIS SECTION AFTER YOU HAVE COMPLETED ALL PARTS OF THIS FORM

I certify to the best of my knowledge that the information given on this form is correct. I understand that deliberately giving false or incomplete information would disqualify me from appointment, or in the event of discovery after appointment, make me liable for dismissal.

Signed: Date:

Please return the completed form to:

Orchard Home Care Services Ltd, 2 Ashfield Terrace, Chester-le-Street, Co Durham DH3 3PD

For office use only

Starting date:

Job offered:

Pay:

Hours of work:

NI No: P45/P46 Yes/No

Reference requested:

Driving licence: Birth certificate:

Proof of qualifications:

Union membership: