



Thank you for your enquiry about **Westminster Homecare**.

We are an established independent care provider supplying high quality home care to both private and local authority clients. In the North London area we have branches in Potters Bar, Finchley, Watford and Harrow. Westminster Homecare also operates in Lincolnshire Milton Keynes and Norfolk.

You must first read the attached *Job Description* and *Personal Specification* documents before continuing with your application.

To apply for a position within **Westminster Homecare**, please complete the *application form* and return it to your local Branch ([visit our contact us page on our website, or click here for a list of branch names and addresses](#)).

We look forward to your completed application.  
Yours Sincerely

**Internet Recruitment**

## CARE SUPPORT WORKER SPECIFICATION

CARER	ESSENTIAL	DESIRABLE
Qualification	<ul style="list-style-type: none"> <li>• Literate / numerate</li> <li>• Neat / legible handwriting</li> </ul>	<ul style="list-style-type: none"> <li>• Any other relevant qualifications</li> <li>• NVQ 1, 2, 3.</li> </ul>
Experience	<ul style="list-style-type: none"> <li>• An understanding of the needs of elderly people</li> </ul>	<ul style="list-style-type: none"> <li>• Previous experience in Community Care, Learning and Physical Disabilities or both.</li> </ul>
Special aptitudes	<ul style="list-style-type: none"> <li>• Good report writing.</li> <li>• Good listener / observer</li> <li>• A caring attitude for the client group</li> </ul>	
Attitude	<ul style="list-style-type: none"> <li>• Calm under pressure</li> <li>• Flexible</li> <li>• Good time keeper</li> <li>• Willing to be helpful</li> </ul>	<ul style="list-style-type: none"> <li>• Cheerful</li> <li>• Sense of humour</li> <li>• Enthusiasm</li> <li>• Good appearance</li> </ul>
Physical	<ul style="list-style-type: none"> <li>• Able to carry out the job effectively</li> </ul>	<ul style="list-style-type: none"> <li>• A good health record</li> <li>• Able to do some housework</li> </ul>
Others	<ul style="list-style-type: none"> <li>• CRB Check</li> <li>• POVA Check</li> <li>• POCA Check (if required)</li> <li>• Work permit (if required)</li> </ul>	

Position:	Care Worker
Reporting to:	Branch Manager/ Care Co-ordinator

### Purpose of the Position

To meet the personal care needs of service users in a way that respects the dignity of the individual and promotes independence. Care provided by care workers is expected to include care that would be reasonably given by the members of the service users' 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 follow the directions of the Branch Manager and/or co-ordinator in the care to be provided to each individual service user.
1. To assist service users, who need help with getting up in the morning, dressing, undressing washing, bathing and toileting.
2. To help service users with mobility problems and other physical disabilities, including incontinence; help in use of aids and personal equipment.
3. To help care for service users who are dying.
4. 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 as indicated on the care plan.
5. To make and change beds; tidy rooms; do light cleaning and empty commodes.
6. To launder service user's clothing.
7. To set tables and trays; serve meals; feed service users who need help; prepare light meals and wash up.
8. To read and write reports; take part in staff and service users' meetings and in training activities as directed.
9. To perform such other duties as may be reasonable required.
10. To comply with the Organisation's guidelines and policies at all times.
11. To report to the Co-ordinator and/or Branch Manager any significant changes in the health or circumstances of a service user.
12. To encourage service users to remain as independent as possible.

### Person Specification – Essential Criteria

1. Self motivated and organised.
2. Flexible.
3. Caring and sensitive to needs of others and to the sick and infirm.
4. An active team player but also able to work on own initiative.
5. A good communicator.

All staff are required to respect 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 Act 1974**.

*The post is exempt from the **Rehabilitation of Offenders Act 1974**. All applicants will be required to undergo a check with the Criminal Records Bureau prior to employment.*



**Previous Addresses** - *Your must provide us with details of all the addresses at which you have lived, covering the last 5 years. This must include any international addresses (use additional paper/continuation sheets if necessary).*

1	Address														
	Town/City														
	County														
	Postcode							Country							
5	Period at previous address	From date	MM	YY	YY	YY	To date	MM	YY	YY	YY	(month and year)			

**Details of position applied for:**

Position applied for												
Organisation name												
Organisation address												
Address												
Town/City												
County												
Postcode												

**Applicant Declarations**

Do you have any criminal convictions? Yes  No  *(If Yes to either of these questions, please provide details)*

Do you have any unspent criminal convictions? Yes  No

Please cross this box if you have supplied additional information with this application

Do you require a work permit? Yes  No  *(If Yes, please provide details)*

**We require you to provide evidence of either your passport, birth certificate, and your driving licence (if applicable). In the mean time, You must provide the following information:**

Passport number							Date of birth	DD	MM	YY	YY
	Nationality							Issue date	DD	MM	YY
Are you a car owner?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	Passport Expiry Date:		DD	MM	YY	YY	
Driving licence number							Date of birth	DD	MM	YY	YY
Licence type	Paper	<input checked="" type="checkbox"/>	Photocard	<input checked="" type="checkbox"/>	Licence valid from		DD	MM	YY	YY	
Country of issue	UK	<input checked="" type="checkbox"/>	Other								
11 Birth Certificate Date of Birth	DD	MM	YY	YY	Issue date		DD	MM	YY	YY	
Country of issue	UK	<input checked="" type="checkbox"/>	Other								
14 Marriage Certificate Issue date	DD	MM	YY	YY	P45 or P60 National Insurance number						
Current address details checked against documentation	Yes	<input checked="" type="checkbox"/>									
Name of Town or City in which you were born?											

## Current Or Most Recent Employment

Position	
Organisation name	
Organisation address	
Address	
Town/City	
County	
Postcode	
Telephone:	
Current Salary:	
Manager Name:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Manager for a reference if you interview?

## Previous Employment

Please list ALL previous employment with most recent first, giving reasons for any gaps in employment. Use a continuation sheet if necessary.

Employer's Name and Address	Position	From	To	Reason for Leaving

## Education And Training

List all formal and professional qualifications gained, beginning with the most recent. Use a continuation sheet if necessary.

Name and Address of School, College or University	From	To	Qualifications Gained	Grade

## Qualifications And Experience

Please use this space to tell us about yourself and your experience, indicating why you are suitable for the position. Continue on another sheet if necessary.

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## References

Please provide the names and addresses of TWO people who can act as a referee, one of which should be a previous employer. Indicate if you DO NOT wish them to be contacted prior to interview.

<i>name</i>	
<i>Address</i>	
<i>Town/City</i>	
<i>County</i>	
<i>Postcode</i>	
<i>Telephone:</i>	
<i>Capacity Known:</i>	

<i>name</i>	
<i>Address</i>	
<i>Town/City</i>	
<i>County</i>	
<i>Postcode</i>	
<i>Telephone:</i>	
<i>Capacity Known:</i>	

## Declaration

I confirm that the information I have provided in support of this application is complete and true and understand that knowingly to make a false statement to obtain employment may result in the termination of my contract.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

# MEDICAL QUESTIONNAIRE



The information given in this questionnaire will remain confidential

Have you ever suffered from:

	YES	NO
Epilepsy, fits, blackouts or fainting attacks?	<input type="checkbox"/>	<input type="checkbox"/>
Chronic or recurrent cough?	<input type="checkbox"/>	<input type="checkbox"/>
Stomach or bowel problems?	<input type="checkbox"/>	<input type="checkbox"/>
Varicose Veins?	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatism or arthritis?	<input type="checkbox"/>	<input type="checkbox"/>
Skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
Vertigo?	<input type="checkbox"/>	<input type="checkbox"/>
Impaired Hearing?	<input type="checkbox"/>	<input type="checkbox"/>
Hayfever or Asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Kidney problems?	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
Eye problems?	<input type="checkbox"/>	<input type="checkbox"/>
Heart defect?	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent Headaches?	<input type="checkbox"/>	<input type="checkbox"/>
Raised blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Back pain or joint injury?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please give details.

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Have you been admitted to hospital in the last 3 years?  YES  NO

If yes, please give details.  
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.....  
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Are you still receiving treatment?  YES  NO

If yes, please give details.  
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.....  
.....

Are you taking any medication?  YES  NO

If yes, please give details.  
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.....  
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In the past two years, how many days have you been absence from work due to sickness? Please give reasons.  
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**I have answered all questions to the best of my knowledge and understand any false information can lead to my dismissal.**

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