**BLUEBIRD CARE APPLICATION FORM**

**CONFIDENTIAL APPLICATION FOR EMPLOYMENT**

1. **Application form**

|  |  |
| --- | --- |
| Position applied for |  |
| Date available to take up employment |  |
| Salary expectations |  |

1. **Prepared for work**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full time | YES / NO | Part time | YES / NO | Shift work | YES / NO |

1. **Personal details**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Full name |  | | | | Title |  | |
| Any previous names |  | | | | | | |
| Address  *If you have been registered as living at any other address in the past 5 years please include details at the end of this form* |  | | | | | | |
| Telephone numbers | Home |  | | | | | |
| Mobile |  | | | | | |
| Email address |  | | | | | | |
| National insurance number | |  | | | | | |
| Passport number |  | | | Issue Date | | |  |
| Do you own a car? | YES / NO | | Have a current licence? | | | | YES / NO |
| If yes, licence type | Provisional / Full | | | | | | |
| Driving licence number | |  | | | | | |
| Do you have any current driving convictions | YES / NO | If yes, give details including dates | | | | | |
|  | | | | | |
| Where did you hear about Bluebird Care? |  | | | | | | |

1. **Secondary education**

|  |  |
| --- | --- |
| School name, address and date attended | Examinations (subject, result, etc.) |
|  |  |
|  |  |
|  |  |

1. **Further education and training**

|  |  |  |  |
| --- | --- | --- | --- |
| University/College and date attended | Type of course | Subjects | Qualification or class of degree |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Occupational qualifications**

|  |  |
| --- | --- |
| College/Institute or other name and date attended | Qualification/Level |
|  |  |
|  |  |
|  |  |

1. **Membership of professional body**

|  |  |  |
| --- | --- | --- |
| Name | Level | Date |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Languages**

|  |  |
| --- | --- |
| Do you speak or read a foreign language? | YES / NO |
| If yes, give details | |

1. **Previous employment**

A full work history is required explaining any gaps in employment.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Present/last employer |  | | | | | |
| Address |  | | | | | |
| Job title |  | | | | | |
| Duties/responsibilities |  | | | | | |
| Start date |  | | End date | |  | |
| Reason for leaving |  | | | | | |
| Employers name & address | Job title | From | | To | | Reason for leaving |
| *(month & year)* | | | |
|  |  |  | |  | |  |
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1. **General**

|  |  |  |
| --- | --- | --- |
| Interests/hobbies (give details of pastimes, sports, etc) |  | |
| Offices held in social/sports clubs, etc |  | |
| Public duties (local councillor, etc) undertaken |  | |
| If offered this position will you continue to work in any other capacity? | | YES / NO |
| If yes, give details | | |

1. **Permission to work in the UK**

|  |  |
| --- | --- |
| Are there any restrictions to your residence in the UK that might affect your right to take up employment in the UK? | YES / NO |
| If you are successful in your application would you require permission to work in the UK? | YES / NO |

1. **Community/volunteer experience**

|  |  |  |
| --- | --- | --- |
| Name and address of organisation | Position/title | Duties |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Next of Kin/ Emergency Contact (NOK)**

|  |  |
| --- | --- |
| Emergency contact name |  |
| Relationship to you |  |
| Contact number |  |
| Emergency contact name |  |
| Relationship to you |  |
| Contact number |  |

Bluebird Care Mid Staffs will hold this information on file for use in an emergency. We hold this data under Data Protection Regulations ‘Legitimate Interest’. Further information regarding the rights of NoK/ Emergency Contacts should be access here: [www.bluebirdcare.co.uk/privacy-notice-next-of-kin-emergency-contact](http://www.bluebirdcare.co.uk/privacy-notice-next-of-kin-emergency-contact) . We strongly recommend that you make your NoK/ Emergency Contact aware we hold their data, and you then direct them to the above statement.

1. **Referees**

|  |  |
| --- | --- |
| Work reference 1 (most recent employer) – not members of your own family | |
| Name |  |
| Address |  |
| Organisation |  |
| Occupation |  |
| Telephone number |  |
| Email address |  |
| Work reference 2 – not members of your own family | |
| Name |  |
| Address |  |
| Organisation |  |
| Occupation |  |
| Telephone number |  |
| Email address |  |
| Work, personal or educational – not members of your own family | |
| Name |  |
| Address |  |
| Organisation |  |
| Occupation |  |
| Telephone number |  |
| Email address |  |

|  |  |  |
| --- | --- | --- |
| AVAILABILITY FORM | Weekdays | Weekends |
| *Tick the boxes corresponding to the times you are available* All carers are expected work 5 days a week to ensure continuity  (this will include weekdays and weekends) |  |  |
| Morning0630-1200 | Tick if available | Tick if available |
| Lunch & Afternoon1200- 1700 | Tick if available | Tick if available |
| Evening1700-2230 | Tick if available | Tick if available |
| Nights **2200-0600 Wake in or sleep in** | Tick if available | Tick if available |

Total Hours per week:

**The Data Protection Act 1998** requires that any staff handling personal data must follow certain principles in relation to the data that they hold. Individuals have rights of access to data that is held and rights to claim for damages if various offences occur. This covers manual as well as computerised records.

In implementing the legislation, Bluebird Care adopts a simple and straightforward policy.

If you are unsuccessful in this application, we will keep this form on file for 6 months should you wish to be considered for other vacancies within Bluebird Care. Please tick to show

Your agreement to this.

**Data Protection Act 2018:**

Requires that any staff handling personal data must follow certain principles in relation to the data that they hold. Individuals have rights of access to data that is held and rights to claim for damages if various offences occur. This covers all records.

In implementing this legislation, Bluebird Care Mid Staffs adopts a simple and straightforward policy.

If you are unsuccessful in obtaining employment with Bluebird Care Mid Staffs, we would like to keep your data on file in case other suitable job vacancies arise in the Company for which we think you may wish to apply. You are free to withhold your consent to this and there will be no consequences for withholding consent.

Your details will be kept on file for 12 months.

I would like for Bluebird Care Mid Staffs to keep my details on file in case other suitable roles become available: YES/NO

If you choose not to have your details on file with us your application form will be held for 7days and will only be referenced to explain our reason for not offering you a position at the relevant time.

If you would like to withdraw your consent to Bluebird Care Mid Staffs keeping your data on file please contact us on [emmarichards@bluebirdcare.co.uk](mailto:emmarichards@bluebirdcare.co.uk) at any point.

|  |  |
| --- | --- |
| Date of previous application |  |
| Previous position applied for |  |
| Did the application go through to interview | YES / NO |
| If yes, what was the outcome | |

### Criminal Record Check

I have completed / will complete an application for a criminal record check and can further state that to the best of my knowledge and belief, there will not be any positive disclosure made that will preclude me from working with vulnerable adults or children.

I also give permission for a copy of the disclosure to which I am subject, being made available to a named authorised person upon written request, who acts on behalf of a National Government or Local Government Department for auditing purposes.

Name: ……………………………………………………………………...

Signature: …………………………………………………………… Date: ……………………………

**Working with Bluebird Care**

It is Bluebird Care’s policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, ethnic origin, national origin, sex, sexual orientation, religion or belief, pregnancy, trans-gender status, marital or civil partnership status, age or disability.

I authorise Bluebird Care to obtain references to support this application once an offer has been made and accepted and release Bluebird Care and referees from any liability caused by giving and receiving information.

**DECLARATION**

I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement will be sufficient cause for rejection or, if employed, dismissal.

Name: ……………………………………………………………………...

Signature: …………………………………………………………… Date: ……………………………

## Please complete the additional form: equal opportunities monitoring form

*You are under no obligation to complete the above mentioned additional form*

Thank you for completing the application form. Please return this document to:

Bluebird Care Mid Staffs

Suite 7 Bermar House

Rumer Hill Business Estate

Rumer Hill Road

Cannock

Staffs

WS11 0ET

Alternatively you may email the completed application form to: [Emmarichards@bluebirdcare.co.uk](mailto:Emmarichards@bluebirdcare.co.uk)

If you need to discuss any questions within this application form please contact Bluebird Care Emma on 01543 505262 extension number 1008

**Previous registered home addresses in the last 5 years:**

|  |  |  |
| --- | --- | --- |
| Address | Date from | Date to |
|  |  |  |
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Care assistant job description

**Reports to: Registered manager or supervisor**

**Purpose of role**

To support customers with all aspects of their day to day living, so they can enjoy the best possible quality of life. You will mostly work alone with the customer in their home. Providing care and support offers many rewards, but can also be challenging. Compassion, good communication skills and a calm and caring manner are essential for this important role in our company.

**Key responsibilities**

To provide safe, reliable, compassionate care and support to meet the individual needs and wishes of each customer. Each person is unique. You must respect each customers’ choice about how **their** care and support is given and promote their dignity at all times.

You may be the only person the customer sees over a period of time, it is therefore essential to report any changes or causes for concern to your line manager promptly. You need to be clear about when to seek help and advice in order to keep customers safe and promote their well-being.

**Duties**

**Care and support**

Give non-discriminatory care and support that values the whole person rather than merely seeing a list of care needs. Carefully listen and observe how each customer prefers their care and support to be delivered on a day to day basis. Help them make their own decisions so they can be as independent as possible.

Follow the instructions in the care and support plan agreed with each customer. This may include:

* All aspects of personal care such as showering and bathing, dressing and grooming, dental hygiene, toileting and continence care.
* Assisting with medicines, ordering and collecting prescriptions or returning unwanted medicines to the pharmacy for safe disposal.
* Supporting the customer to eat and drink well. For example, helping the customer to plan what to eat and drink, giving gentle encouragement, shopping, preparing and serving food and drinks, clearing the table, washing up and keeping the kitchen area clean and tidy, agreeing with the customer how to store food safely and when to dispose of out of date produce.
* Safely using aids and personal equipment in a manner that respects the dignity of customers. For example walking frames, wheelchairs, manual and electric hoists, sliding sheets and moving boards,hearing aids and other physical aids
* Housework such as dusting, tidying, washing floors, vacuuming and sweeping, doing the laundry and ironing, making beds and changing the linen.
* Social and physical activities or mental stimulation such as keeping in touch with friends/relatives, taking a customer out shopping or to social activities, hobbies such as reading, photo albums, games, etc.
* Supporting a customer through temporary and terminal illness, including end of life care, hospital appointments, liaising with community health support and families.

**Record and report all relevant customer information**

* The care and support that you provide and assistance with medicines
* Changes to a customer’s condition or other concerns e.g. faulty equipment or hazards in the home
* Response to emergencies, accidents, incidents and safeguarding matters
* Contact with families or carers and other professionals
* Other matters as required by Bluebird Care procedures
* Keep all information about customers and their families secure and confidential

**Work well as part of the Bluebird Care team**

* Follow Bluebird Care policies, procedures and guidance at all times
* Take part in staff and customer meetings
* Attend training activities, supervisor and appraisal meetings

This list is not exhaustive and you may be asked to carry out additional duties. We will provide you with full training in line with regulatory requirements.

**Role specification**

This provides a picture of the skills, knowledge and experience you must have to carry out the role. You should demonstrate how you meet the ‘essential criteria’ by giving examples where possible. We will use this information to select suitable applicants for this post.

|  |
| --- |
| **Essential criteria** |
| **Personal attributes** |
| Caring and compassionate towards people in need of care and support |
| Dedicated to non-discriminatory care practice. This means respecting people suffering from a range of medical conditions with different backgrounds and beliefs to your own. |
| Self-motivated and keen to learn. Willing to seek guidance when needed and to follow instructions |
| Excellent time keeper and reliable |
| Good hygiene practice, including personal hygiene and a smart appearance |
| Good stamina and level of fitness to meet the physical demands of the job |
| **Knowledge and understanding** |
| General understanding of the needs of people who require care and support |
| Respect for the rights of our customers. Understanding the importance of giving the best possible care and support centred on the individual needs and wishes of each customer |
| Understanding about the importance of confidentiality and what this means as a care assistant |
| **Experience and skills** |
| Ability to listen, communicate clearly and build positive working relationships with customers, their families, Bluebird Care staff and other social and health care professionals |
| Ability to give care and support to customers with all aspects of their daily living. To always respect their dignity, privacy and choices, be non- judgmental and promote their independence. |
| Good organisational skills, so customers receive the services they expect. |
| Ability to use own initiative and work alone or as part of a team especially in an emergency. |
| Numerical skills to support customers in managing their money and buying shopping or paying bills when requested to do so |
| Ability to keep written records in clear English about the care and support given to each customer, including help with medicines. |
| Ability and willingness to follow Bluebird Care’s policies, procedures and instructions and to participate in relevant training |
| **Additional requirements** |
| All staff are expected to meet regulatory training standards. Care assistants must attend initial induction training with Bluebird Care before providing care and support to our customers. During the first 12 weeks you will continue to receive on the job and classroom based training to help you fully understand your role. You must be willing to participate in ongoing training so you can continue to give good and safe care and support. |
| You will need to obtain an Enhanced Disclosure from the Disclosure and Barring Service formally known as the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) |
| Class 1 business insurance and current MOT (if using own car for business purposes) |

|  |
| --- |
| **Desirable criteria** |
| A relevant care and/or health qualification |
| Previous experience as a care assistant or as an unpaid carer |
| Knowledge of how to recognise abuse and safeguarding procedures |
| Working knowledge of health and safety matters relating to home care |
| Flexible approach to working |
| Full drivers licence – no more than 6 points |

**Post holder declaration**

I agree to fulfil the duties and responsibilities to the best of my ability within this role.

Name: …………………………………………………………………….

Signed: ……………………………………………............. Date: …………………………

**EQUAL OPPORTUNITIES MONITORING FORM**

Bluebird Care operates a policy of equality and diversity; therefore, we need to be able to check that decisions are not influenced by unfair or unlawful discrimination. To help us to do this we would be grateful if you would complete this short questionnaire. This is optional and anonymous, returned forms will be placed in a separate file and will help branches to evaluate and implement practices that encourage anti discriminatory practice.

Please feel free to leave any question blank or to write that you would prefer not to disclose.

|  |
| --- |
|  |
| **What best describes your gender?** |
|  |
| **What is your sexual orientation?** |
|  |
| **Do you identify as Trans?** |
|  |
| **Do you consider yourself to have a disability?** |
|  |
| **What is your ethnicity?** |
|  |
| **What would best describe your religion or belief?** |
|  |

**Age Group?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 18 - 30 |  | 31 - 40 |  | 41 - 50 |  | 51 - 60 |  | 61+ |  |

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**REFERENCE REQUEST CONSENT FORM**

**in line with gdpr regulations, i give my consent for bluebird care mid staffs to obtain a reference including my personal information.**

**i would really appiciate if you could provide them with any iformation requested on my behalf to help with my recruitment process.**

|  |  |
| --- | --- |
| **Name:** |  |
| **Signed:** |  |
| **Date:** |  |