

MARIAN HOMECARER JOB DESCRIPTION

TITLE: Home Carer

REPORTS TO: Care Co-ordinator

RESPONSIBLE TO: Branch Manager

ROLE:

To provide a high standard of personal, social and domestic care to clients in their own homes, whilst promoting their independence and maintaining a safe environment.

RESPONSIBILITIES:

- To carry out all aspects of personal care as documented in the Care Plan. To include washing, bathing, dressing, toileting, management of incontinence, etc, whilst striving to encourage independence.
- To carry out moving and handling tasks as documented in the Care Plan, following completion of a manual handling and risk assessment by the Care Co-ordinator.
- To carry out light household tasks such as dusting, vacuuming, washing, ironing, etc as required by the Care Plan.
- To prepare, cook and serve meals, including washing up and clearing away as required by the Care Plan.
- To do the shopping and collect client's prescriptions as required by the Care Plan.
- To communicate well with clients and provide companionship.
- To be able to work as a team member, liaising with District Nurses, G.P's and other health professionals as required.
- To arrive at and leave the client at the time specified in the Care Plan and to record your time in the Report Book, as well as on your printed timesheet, requesting the client to sign your timesheet at each visit.
- To inform your care coordinator if for any reason you will not be able to reach the client at the allotted time.
- To record details of your visit in the Report Book and inform the Care Co-ordinator of any changes or concerns regarding your client's condition.
- To be aware of the Health & Safety Policy with regards yourself and your client.
- To maintain carer and client confidentiality at all times.
- To act in a professional manner at all times, showing respect for you clients and other agencies involved.

Homecare Attendant



PERSON SPECIFICATION

Marian Homecare

| ESSENTIAL | DESIRABLE |
|---|--|
| <p><i>Impact on other people:</i></p> <ul style="list-style-type: none"> • Smart Appearance • Empathetic to individual’s right to privacy, and to be treated with dignity and respect. • Approachable | |
| <p><i>Qualifications/Experience/Attainments:</i></p> <ul style="list-style-type: none"> • Varied “Life Skills” • Literate | <ul style="list-style-type: none"> • Previous experience in Homecare • NVQ Level 2 in Care |
| <p><i>Specific Skills/Aptitudes:</i></p> <ul style="list-style-type: none"> • Good Verbal Communication • Satisfactory Written Communication • Ability to think literally/laterally. • Ability to “get on with people” • Ability to appreciate needs of others | <ul style="list-style-type: none"> • Good Written Communication • Questioning Approach. |
| <p><i>Motivation:</i></p> <ul style="list-style-type: none"> • Interest in self-development • Able to work without close supervision | <ul style="list-style-type: none"> • Evidence of personal goals |
| <p><i>Disposition:</i></p> <ul style="list-style-type: none"> • Evidence of personal standards • Professional and Caring approach | |
| <p><i>Adjustment:</i></p> <ul style="list-style-type: none"> • Ability to work under pressure • Capable of being a team member • Adaptability and Flexibility | |
| <p><i>Circumstances:</i></p> <ul style="list-style-type: none"> • Good General Health • Appropriate means of transport | <ul style="list-style-type: none"> • Car driver with use of own vehicle |

| |
|--------------------------------|
| <p><i>General Comments</i></p> |
|--------------------------------|

| | | |
|---|---|---|
| <p style="text-align: center;"><i>Office Use Only</i></p> <p>App sent 20/05/08 DOI ___/___/___</p> <p style="text-align: center;"><i>References</i></p> <p>Sent: a ___/___/___ b ___/___/___ c ___/___/___</p> <p>Recd: a ___/___/___ b ___/___/___ c ___/___/___</p> <p>Photos rec: Training date ___/___/___</p> <p>Shadowing: Pack sent: ___/___/___</p> <p>CRB Sent ___/___/___ CRB received: ___/___/___</p> | <p>Marian Homecare</p> <p>Care Worker</p> <p>Membership Application</p> | <p>60 Downs Road Coulsdon Surrey CR5 1AB 01737 556805 (Fax 01737 555629)</p> |
|---|---|---|

Please complete form in BLOCK CAPITALS in BLACK INK

| Section 1 | <u>Personal Details</u> | | |
|--|--|---|-------------------------------|
| Surname | | | Miss / Mr / Mrs / Ms |
| Forenames (All) | | | |
| Previous name (s) | NI Number | ___ ___ / ___ ___ ___ ___ ___ ___ / ___ ___ | |
| Address | | | |
| Postcode | | | |
| Telephone | Mobile | | |
| Date of birth <small>(evidence may be needed)</small> | | | Sex: Male / Female |
| Marital status <small>(optional)</small> | Do you require a Work Permit? | | Yes / No |
| Nationality | If permit required, we will need to see it at interview. | | |
| Religion(optional) | | | |
| Next of kin (to be notified in case of emergencies) | Name: | | Relationship: |
| | Address (if different): | | |
| | Telephone (day): | | (Night): |

Section 2 Tell us about your practical experience (to help us find suitable work for you)

- | | | | |
|--|---|--|--|
| <p>Workplace Experience</p> <p><input type="checkbox"/> Homecare</p> <p><input type="checkbox"/> Residential home</p> <p><input type="checkbox"/> Nursing home</p> <p><input type="checkbox"/> Hospital</p> <p><input type="checkbox"/> Other (specify)</p> <p>Care Duties</p> <p><input type="checkbox"/> Pressure area care</p> <p><input type="checkbox"/> Simple Dressings</p> <p><input type="checkbox"/> Assist with medication</p> <p><input type="checkbox"/> Terminal care</p> | <p>Toileting</p> <p><input type="checkbox"/> Continence Care</p> <p><input type="checkbox"/> Bedpans / commodes</p> <p><input type="checkbox"/> Change catheter bags</p> <p><input type="checkbox"/> Attaching night bag</p> <p><input type="checkbox"/> Applying a conven</p> <p><input type="checkbox"/> Stoma care</p> <p>Mobility</p> <p><input type="checkbox"/> Moving & Handling</p> <p><input type="checkbox"/> Hoists (Manual/Elec)</p> <p><input type="checkbox"/> Use of walking aids</p> | <p>Personal Hygiene</p> <p><input type="checkbox"/> Bath/shower/strip wash</p> <p><input type="checkbox"/> Bed bath</p> <p><input type="checkbox"/> Use of bath aids</p> <p><input type="checkbox"/> Shaving</p> <p><input type="checkbox"/> Mouth care</p> <p><input type="checkbox"/> Hair care</p> <p><input type="checkbox"/> Feet care</p> <p><input type="checkbox"/> Fingernail care</p> <p><input type="checkbox"/> Dressing / undressing</p> | <p>Practical Tasks</p> <p><input type="checkbox"/> Light housework</p> <p><input type="checkbox"/> Personal laundry</p> <p><input type="checkbox"/> Shopping</p> <p><input type="checkbox"/> Basic cooking</p> <p><input type="checkbox"/> Advanced cooking</p> <p><input type="checkbox"/> Bed making</p> <p><input type="checkbox"/> Changing a bed</p> <p><input type="checkbox"/> Collecting benefit</p> <p>Nutrition</p> <p><input type="checkbox"/> Preparing meals</p> <p><input type="checkbox"/> Feeding</p> <p><input type="checkbox"/> Food handling</p> |
|--|---|--|--|

Please give us details of experience gained, including caring for family / friends: _____

Please give details and dates of training courses you have attended, (e.g. Manual Handling, NVQ, Food Hygiene, First Aid, etc): _____

Section 3 Employment History

Please give details of ALL your employment since leaving full-time education. Begin with your most recent employer.
(Continue on separate sheet if required)

| Name & Address of Employer | Position(s) Held & Duties Performed | Date From & To | Reasons for Leaving |
|----------------------------|-------------------------------------|----------------|---------------------|
| 1 (most recent) | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |

Section 4 References

Please give the names and addresses of three referees, one of which MUST include your present or most recent employer

| | |
|---------------------------|--------------------------------|
| Name: | Referee's Job Title: |
| Address: | Known me for (months / years): |
| Postcode: Telephone: Fax: | |
| Name: | Referee's Job Title: |
| Address: | Known me for (months / years): |
| Postcode: Telephone: Fax: | |
| Name: | Referee's Job Title: |
| Address: | Known me for (months / years): |
| Postcode: Telephone: Fax: | |

Section 5 General Information

| | | | |
|---|--------------------------|--------------------------|---|
| | Yes | No | |
| Do you hold a current driving licence? | <input type="checkbox"/> | <input type="checkbox"/> | If Yes: automatic <input type="checkbox"/> or manual <input type="checkbox"/> |
| Do you have a car available? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Please state any languages you speak, indicating fluency: | | | |
| | | | |

Section 6 Health Declaration

| | | | |
|----------------------------|-------|-------------------------------|--|
| Height | | Weight | |
| Date of last medical | | Date of last dental check-up | |
| Do you smoke? | Y / N | If Yes, how many per day? | |
| Do you drink alcohol? | Y / N | If Yes, No. of units per week | |
| Identifying marks or scars | | | |

Number of days sick leave in last 12 months: _____

If you attended a hospital as an in-patient of outpatient in the last 5 years, please give details: _____

| | YES | NO |
|---|-----|----|
| Do you have any disability that will affect your working ability? | | |
| Are you currently receiving treatment for any physical or mental condition? | | |
| Do you suffer from any allergies? (Give details) | | |
| Have you ever been refused employment for physical or mental reasons? | | |
| Have you ever been refused life insurance for any reason? | | |

If you answered YES to any of the above, please give details: _____

Section 6(a) Inoculations

| Have you ever been inoculated against any of the following: | NO | YES | DATE |
|---|----|-----|------|
| German Measles (Rubella) | | | |
| Hepatitis B | | | |
| Polio | | | |
| Tetanus | | | |
| Tuberculosis (BCG) | | | |
| Other (Specify): | | | |

Declaration

I certify the above information is correct and give permission to Marian Homecare to request clarification from my GP if required.

GP: _____

Telephone: _____

Address: _____

Signed (by you, the Applicant): _____

Date: _____

Miscellaneous

Where did you hear about Marian Homecare? _____

Section 7 Preferred Work Patterns

What kind of work are you interested in? (tick all that apply)

Daily Homecare Live-in Homecare Personal Care Domestic Shopping/Pension

Please indicate WHEN you would like to work. Please tick all relevant boxes:

| | DAILY | | | | LIVE-IN | |
|------------|-----------|---------|-----------|---------|-----------------|--|
| | Full-time | | Part-time | | Weekends | |
| | Mon-Fri | Sat-Sun | Mon-Fri | Sat-Sun | Alternate Weeks | |
| Mornings | | | | | 3 – 4 weeks | |
| Afternoons | | | | | 3 months + | |
| Evenings | | | | | | |
| Nights | | | | | | |

From when are you available to start work? _____ Dates any holiday booked: _____

Section 8 Rehabilitation of Offenders Act 1974

This post is exempt from the provision of the Rehabilitation of Offenders Act 1974 and Section 4(2) of the Rehabilitation of Offenders Act (Exemptions) Order 1975 in order to protect the public. Your answer to the following questions concerning convictions that would otherwise be considered “spent” must therefore include such convictions. Any information will be kept in the strictest confidence and only used in considering suitability for the position. It may or may not affect your application.

Have you ever been convicted of a criminal offence? If YES, please give details on a separate sheet: YES / NO

Have you ever been convicted of abuse or been the subject of any investigation or enquiry into abuse or inappropriate behaviour? If YES, please give details on a separate sheet: YES / NO

Department of Health Circular (88/9) Protection of Children requires us to carry out checks on police records for agency staff whose assignments will give them substantial access to children. The Care Standards Act 2001 REQUIRES all applicants to register with the Criminal Records Bureau. **There is a charge (currently £40.00)**, for which you are responsible. Please include a cheque made payable to Marian Homecare for this with your application.

Do you agree that such checks may be made and that you will meet the cost of the check? YES / NO

Section 9 Declaration

1. I confirm that I am not in receipt of any State Benefits or if I am I will notify the Benefits Agency if I am successful in this application and will stop claiming benefits if I am no longer eligible.
2. I confirm that if I am working elsewhere as well, I will inform Marian Homecare to ensure compliance with the Working Time Regulations.
3. I confirm the information I have given in this application form is complete and accurate in all respects to the best of my knowledge.
4. I understand that knowingly giving false information will disqualify me from registration with Marian Homecare. I enclose a cheque for £40.00 made payable to ‘Marian Homecare’ for my Criminal Records Bureau check.

Signed: _____ Date: _____

Checklist: Completed Form £40.00 Cheque to ‘Marian Homecare’ for CRB check

FOR OFFICE USE ONLY

Passport Number: _____ Date of Issue: ___/___/___ Expiry Date ___/___/___
 (Ensure passport photo is true likeness and passport is issued in the name of the Applicant)

Work Permit Expiry Date: ___/___/___

Known usage restrictions: _____

Section 10 Equal Opportunities (Optional Information to be detached from main Application Form)

Marian Homecare endeavours to be an Equal Opportunities Employer and will therefore select staff on the basis of merit and ability to do the job, irrespective of: Age, Sex, Race, Colour, Nationality, Ethnic or National Origin, Sexual Orientation, Religion, Disability, Marital status, Family Situation, Background.

In order to monitor the effectiveness of our Equal Opportunities Policy we request that all applicants would kindly complete the form below – answering all questions. In accordance with the Data Protection Act 1998, the answers you provide will only be used for Equality Monitoring purposes.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------------------------------|---|--------------|---------|---|--------------------------|-------|---|--------------------------|------------------------------|---|--------------------------|--------------|-----------------------|---|--------------------------|---------------------|---|--------------------------|-------------|---|--------------------------|------------------------------|---|--------------------------|-------------------------------|--------|---|--------------------------|-----------|---|--------------------------|-------------|---|--------------------------|------------------------------------|---|--------------------------|-------------------------------|-----------|---|--------------------------|---------|---|--------------------------|------------------------------|---|--------------------------|----------------|---------|---|--------------------------|-------------------------------|------------------------------|---|--------------------------|
| <p>Please tick the relevant box in each section: <input checked="" type="checkbox"/></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Please confirm your gender: | Female: <input type="checkbox"/> | Male: <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Please indicate your age group: | 16-25: <input type="checkbox"/> | 26-35 <input type="checkbox"/> | 36-50 <input type="checkbox"/> 50+ <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>3. What is your Ethnic Group?</p> <p><i>Local Authorities (for whom much of our work is done) are required to monitor the ethnic origin of their workforce.</i></p> <p><i>These categories are recommended by the Commission for Racial Equality (CRE) and have been used in the recent population census</i></p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="text-align: center; vertical-align: middle;">White</td> <td>British</td> <td style="text-align: right;">A</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Irish</td> <td style="text-align: right;">B</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other (please say):</td> <td style="text-align: right;">C</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td rowspan="4" style="text-align: center; vertical-align: middle;">Mixed</td> <td>White/Black Caribbean</td> <td style="text-align: right;">D</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>White/Black African</td> <td style="text-align: right;">E</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>White/Asian</td> <td style="text-align: right;">F</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other (please say):</td> <td style="text-align: right;">G</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td rowspan="4" style="text-align: center; vertical-align: middle;">Asian or Asian-British</td> <td>Indian</td> <td style="text-align: right;">H</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Pakistani</td> <td style="text-align: right;">I</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Bangladeshi</td> <td style="text-align: right;">J</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other Asian (please say):</td> <td style="text-align: right;">K</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td rowspan="3" style="text-align: center; vertical-align: middle;">Black or Black British</td> <td>Caribbean</td> <td style="text-align: right;">L</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>African</td> <td style="text-align: right;">M</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other (please say):</td> <td style="text-align: right;">N</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Chinese</td> <td>Chinese</td> <td style="text-align: right;">O</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Any Other Ethnic Group</td> <td>Other (please say):</td> <td style="text-align: right;">P</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | | | White | British | A | <input type="checkbox"/> | Irish | B | <input type="checkbox"/> | Other (please say): | C | <input type="checkbox"/> | Mixed | White/Black Caribbean | D | <input type="checkbox"/> | White/Black African | E | <input type="checkbox"/> | White/Asian | F | <input type="checkbox"/> | Other (please say): | G | <input type="checkbox"/> | Asian or Asian-British | Indian | H | <input type="checkbox"/> | Pakistani | I | <input type="checkbox"/> | Bangladeshi | J | <input type="checkbox"/> | Other Asian (please say): | K | <input type="checkbox"/> | Black or Black British | Caribbean | L | <input type="checkbox"/> | African | M | <input type="checkbox"/> | Other (please say): | N | <input type="checkbox"/> | Chinese | Chinese | O | <input type="checkbox"/> | Any Other Ethnic Group | Other (please say): | P | <input type="checkbox"/> |
| White | British | A | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Irish | B | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Other (please say): | C | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mixed | White/Black Caribbean | D | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | White/Black African | E | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | White/Asian | F | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Other (please say): | G | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Asian or Asian-British | Indian | H | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Pakistani | I | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Bangladeshi | J | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Other Asian (please say): | K | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Black or Black British | Caribbean | L | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | African | M | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Other (please say): | N | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chinese | Chinese | O | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any Other Ethnic Group | Other (please say): | P | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Do you have a disability? | No: <input type="checkbox"/> | Yes: <input type="checkbox"/> | I do not wish to identify: <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p><i>The Disability Discrimination Act (DDA) 1995 makes it unlawful to discriminate against current or prospective employees. Marian Homecare will make reasonable adjustments to ensure that a disabled person is not placed at a substantial disadvantage.</i></p> <p>Definition of a disability under the DDA: "A physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day-to-day activities."</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |