



# 48 Hour Opt-IN agreement

I [ ] agree that I may work for more than an average of 48 hours a week.

If I change my mind, I will provide Kennores Healthcare Recruitment with 4 weeks' notice in writing to end this agreement.

Signed.....

Dated.....





## Health questionnaire to assess if you are fit to work nights

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The purpose of this questionnaire is to make sure that you are suited to working at night. All the information you provide will be kept confidential.

### About you

Job Title:

Surname:

First and second name/s:

Sex: M [ ] F [ ]

Date of birth:

Permanent address:

Job title:

National Insurance number:

### Health conditions

Do you suffer from any of the following health conditions?

Diabetes Yes [ ] No [ ]

Heart or circulatory disorders Yes [ ] No [ ]

Stomach or intestinal disorders Yes [ ] No [ ]

Any condition which causes difficulties sleeping Yes [ ] No [ ]

Chronic chest disorders (especially if night-time symptoms are troublesome) Yes [ ] No [ ]

Any medical condition requiring medication to a strict timetable Yes [ ] No [ ]

Any other health factors that might affect fitness at work Yes [ ] No [ ]

If you have answered 'yes' to any of the above questions, you may be asked to see a doctor or nurse

I, the undersigned, confirm that the above is correct to the best of knowledge

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



**Employer's assessment**

Your employer should complete the next section with their assessment.

After reviewing the questionnaire, my assessment is that you

- can work nights
  
- can not work nights
  
- should see a doctor or nurse for a medical examination to assess whether you can work nights

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



**PERSONAL INFORMATION FORM**

FORNAMES IN FULL	
SURNAME	
HOME ADDRESS IN FULL	
NATIONALITY	
IMMIGRATION STATUS (If applicable)	
MARITAL STATUS	
NATIONAL INSURANCE NUMBER	
NEXT OF KIN (name, address, and phone number).	
MEMBERSHIP OF PROFESSIONAL BODIES (name and membership number)	

BANK NAME	
BANK ADDRESS	
ACCOUNT NAME <i>if Ltd Co, must exactly match name on certificate of incorporation.</i>	
ACCOUNT NUMBER <i>if Ltd Co please provide business bank account information</i>	
ACCOUNT SORT CODE <i>if Ltd Co please provide business bank account information</i>	

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SIGNED BY CANDIDATE

DATE



# REGISTRATION DECLARATIONS

Candidate Name	
Professional Registration Number (if applicable)	

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## APPLICATION AND CONDUCT

I declare that I have completed the Kennores Healthcare application pack, and all answers and information provided by myself is true and accurate to the best of my knowledge.

I confirm that I will comply with policies and procedures of the hospital or organisation in which I am placed as a locum.

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## COMPLAINTS

If a complaint is raised against yourself whilst engaged by Kennores Healthcare, or any other agency or employer, I will inform Kennores Healthcare immediately.

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## SECURITY

I confirm that I am aware that the trust/organisation where I attend assignments have the right to carry out any physical searches of me, my possessions and my vehicle while on the premises. Any person, firm or organisation who is responsible to the trust/organisation for security matters shall, when carrying out such searches, comply with the Human Rights Act 1998.

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## FITNESS TO PRACTICE

I agree to inform Kennores Health Care immediately if I am the subject of any pending prosecution,

work related investigation, disciplinary action or professional misconduct proceedings by any other organisation or if there are changes to my personal circumstances that could affect my fitness to practice as a healthcare professional.

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## PERMISSION TO CARRY OUT EMPLOYMENT CHECKS

I give Kennores Healthcare permission to carry out relevant Employment Checks, including external checks on my qualifications, a media check and agree to these checks, other personal data and records being shared with the trust/organisation for validation, verification, inspection and audit purposes.



**DECLARING HEALTH AND HYGIENE**

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I confirm that when I attend an assignment that I will be in good health, medically and physically fit. If not, I will inform Kennores Healthcare as soon as I can before I attend my shift. I will also ensure that my standard of oral and personal hygiene is acceptable.

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I confirm that I have read the above declarations and understand that I must abide by their content.

Name	
Signature	
Profession	
Date	



## **VARICELLA (Chicken Pox) SELF DECLARATION**

**Name:**

**DOB:**

**ADDRESS:**

I, the undersigned confirm that I have been exposed to Varicella (Chicken Pox) in the past or have undergone a course of vaccination immunity against Varicella.

**Signature:**

**Date:**





## **DBS Update Service Agreement**

Having received a copy of your DBS certificate, we are required to carry out regular status checks to ensure there have been no changes since the time of application. This may be at the start of a new role or intermittently throughout your employment with the Kennores Healthcare Recruitment.

Signing below confirms your ongoing agreement to employees of the Kennores Healthcare Recruitment accessing this service and therefore carrying out status checks on your DBS application at any time deemed necessary.

Applicants

Signature:.....

Applicants

Name:.....

Date:.....

## **EMPLOYMENT APPLICATION FORM**

### **Guidelines**

Please read through the following guidelines that will help you complete the application form

- Complete all sections of the form
- Make sure the form is tidy and avoid mistakes by writing out a version first to make sure you are happy with the information provided. Always read through your final version before you send it.

If you require an acknowledgement of your application

- If emailing, you must activate a read receipt from your email account
- If sending by post, you must enclose a stamped addressed envelope
- Due to limited resources we cannot verify over the phone if we have received your application

To complete your application

- Please type or write clearly in black or blue ink
- Ensure you clearly state the job title you are applying for
- In the Employment History section, you must state why you have left a position
- Always explain any gaps in work history
- Proof of qualifications and membership to professional bodies may be required

### **References**

We will take up professional references (2) once you have been interviewed and provisionally offered the post. Please make sure that you have given the full contact details of your referees (Contact name, address, contact number and email address) so that this does not delay processing reference requests.

If you have no employer references, we will take up references with named individuals at colleges where you have studied, or people who know you in a professional capacity. Please do not put down family members, friends or people you live with as referees.

You will only be confirmed in the post once we are happy with information received from your referees.

### **Employment Checklist**

The documents listed below are required to process your registration. Please kindly make sure you attach the ones that are relevant to you to your complete application for processing.

- 2 passport size photographs.
- NMC PIN card (Qualified Nurses).
- Statement of Entry to Register (Qualified Nurses).
- National Insurance Card.
- Proof of identification e.g. passport (and Visa if applicable), driving licence/marriage certificate/birth certificate.
- Copies of certificates of training (must be within 1 year).
- Copies of certificates of immunisations.
- Payment for Disclosure Barring Service of £80.00 (if applicable).
- Your completed DBS form together with DBS identification documents i.e. utility bills (if applicable).
- DBS unique ID number from the Update Service (if relevant).
- Please bring your passport for eligibility purposes (all candidates). If you were not born in the UK could you, please bring any other form of documentation that clearly states your eligibility to take up employment in this country.
- If self-employed (i.e. Private Limited Company), please include your Certificate of Incorporation, Business Insurance Certificate, and a statement of account showing your business name.



## **JOB DESCRIPTION – CARE SUPPORT WORKER**

**POST:** Care Support Worker

**HEAD OFFICE LOCATION:** Suite 34, Sugar Refinery, Sugar Mills Business Park, 432 Dewsbury Road, Leeds LS11 7DF

**PURPOSE AND OBJECTIVES:** To provide support and assistance to carers and to people with care needs. This will involve the provision of personal, domestic and social care, respecting confidentiality at all times within an equal opportunities framework and Kenmore's Healthcare Recruitment Limited.

**RESPONSIBLE TO:** Line Manager, KennOres Healthcare Recruitment Limited.

### **PRINCIPAL DUTIES AND RESPONSIBILITIES**

- To provide a high quality of service which will involve the provision of personal and social and domestic care as documented in the client's individual support plan.
- To respect the personal choice of lifestyles of carers, people with care needs and colleagues, ensuring that equal opportunities principles are applied at all times.
- To work within Health and Safety Regulations
- It is imperative that confidentiality is respected at all times.

### **FAMILY/INDIVIDUAL RELATED TASKS:**

- Attend the homes of families/individuals and perform duties as specified by the Line Manager.
- Listen to the directions and requests of both the person with a disability and the carer and wherever possible perform the duties consistent with their own wishes.
- To maintain independence by working with an enabling ethos of 'doing with' and not 'doing for' the person with care needs

### **PERSONAL AND SOCIAL CARE TASKS:**

- Bathing in bed/bathroom/chair to include essential aspects of personal hygiene
- Assistance with getting up and going to bed (if required, with the help of hoists and other equipment)
- Assistance with appliances (hearing aids, spectacles, artificial limbs, leg callipers)
- Care of skin and hair, including assistance with shaving

- Care of pressure areas and prevention of sores
- Care of mouth and teeth, including dentures
- Assist in the management of continence of bladder and bowel
- Assist with dressing and undressing
- Assist with mobility and transfers, using correctly any specialized equipment provided
- Assist with feeding
- Administer only the medication as prescribed by a qualified medical practitioner as detailed in the Support Plan
- Assist with the therapeutic programmes for rehabilitation and development as agreed with appropriate clinical professionals in liaison with the Line Manager
- Provide a safe environment for those who need constant supervision and help
- Provide emotional support to the family as part of a caring team
- Supervise the person with care needs outside the home as advised by the Line Manager, with written permission from the disabled person or responsible carer
- Undertake other specialized care tasks as agreed by Management

#### **DOMESTIC TASKS:**

Some light domestic duties may be carried out as follows

- Making and changing the bed of the person with care needs
- Essential laundering for the disabled person
- Essential shopping (receipts must be obtained for all purchases)
- Preparing meals and washing up
- Essential cleaning (as documented in clients support plan)

#### **ADMINISTRATION AND TRAINING:**

- Participate in an induction programmed, and attend ongoing in-service training determined by individual needs
- Undertake training for specialized care tasks as agreed by Management
- Notify the Line Manager immediately of any change in availability to work at least 24 hours prior to the shift
- Observe and report back promptly to the Line Manager any alteration in the family circumstances affecting the service provision
- Liaise regularly with the Line Manager and colleagues
- Provide flexible cover for colleagues in the event of holiday and sickness working as part of a caring team
- Attend regular meetings convened by the Line/Scheme Manager and/or Management



- Complete incident forms accurately and submit promptly to the Line Manger on Monthly basis
- Maintain accurate records in Service User's support plans and submit completed records to the Line Manager

**OTHER DUTIES:**

- Undertake other duties as may reasonable be required by Management
- To undertake NVQ and refresher training as required

**CERTIFICATION**

I have read and understand the above job description and I agree to fulfil all Job duties and responsibilities

Employee Signature: \_\_\_\_\_

Employee Name: \_\_\_\_\_

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

**PERSON SPECIFICATION – CARE SUPPORT WORKER**

<b>Qualifications, Education, Training</b>	<b>Essential</b>	<b>Desirable</b>	<b>Source of Evidence</b>
NVQ Level 2 in Direct Care or willingness to undergo appropriate training.	✓		Application Form
Willingness and ability to undertake any training deemed necessary/relevant to the post: Care Certificate	✓		Application Form and Interview
<b>Experience and Skills</b>			
Previous experience in a domiciliary care or similar role	✓		Application Form and Interview
Knowledge of Home Care Service	✓		Interview
Experience of undertaking a general caring role (in a personal or work capacity)	✓		Interview
Able to demonstrate basic skills in cash handling and budgeting (in a personal or work capacity)	✓		Interview
Ability to communicate information in a clear and logical manner (oral and written) to a wide variety of people	✓		Application Form and Interview
Ability to clearly interpret oral or written information and instructions	✓		Application Form and Interview
Ability to work on own initiative, with a common sense attitude, dealing effectively with situations from basic to more complex	✓		Interview
Awareness of food hygiene principles or willingness to undergo appropriate training	✓		Application Form and Interview
Ability to work effectively under pressure to meet set deadlines with the use of prioritization skills	✓		Application Form and Interview
Willing to deal with sensitive personal care issues e.g. promotion of continence	✓		Interview
<b>Personal Qualities</b>			
An understanding of and commitment to equal opportunities issues both within	✓		Interview

the workplace and the community in general			
To be able to communicate with Management, the emergency services, service users and their families professionally	✓		Interview