



For office use:	
Date received:	
Interview date if applicable:	
Successful Y/N	

**Uber Support Ltd**



## Care/Support Worker - Application Form

**Please complete ALL sections.** Please note: incomplete forms may invalidate your application. If you have any difficulty completing this form please call us on 0113 3501350. Please post completed application to Head office: Uber Support Ltd, 9 Stockbridge Wharf, Riddlesden, Keighley BD20 5AZ. **Important** if you have not heard from us **within 72 Hours** you have not been successful on this occasion and we wish you the best of luck in the future.

**Where did you hear about us?**

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Mr / Miss / Mrs / Ms (Please delete)	Forename	Surname
Middle name/s	Previous Surname/s (if applicable)	
Address & postcode:		
Home telephone:		
Mobile telephone:		
Email address:		
Date of birth:		

Nationality:	
National Ins No:	
Do you have a driving license?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have endorsements?	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, details:
Do you own a car?	YES <input type="checkbox"/> NO <input type="checkbox"/>

## Reference & work history

CQC regulations stipulate that we MUST send a reference request from to your last two employers (preferably relevant to healthcare). (US) also require a comprehensive work history descending from present day to leaving school. If you have gaps (due to unemployment, child care, illness etc) please record these in date sequence.

### 1<sup>st</sup> employer (whom we will request reference from so must be current employer or last if now left).

Name and position of person giving reference:

Name of organisation representing:

Dates employed between:

Email address:

Full address and postcode:

Telephone number:

### 2<sup>nd</sup> employer (whom we will request reference from so must be last employer).

Name and position of person giving reference:

Name of organisation representing:

Dates employed between:
Email address:
Full address and postcode:
Telephone number:

	Date from (month/year):	Date to (month/year):	Name of company & position:	Reason for leaving (in brief):
3 <sup>rd</sup> employer				
4 <sup>th</sup>				
5 <sup>th</sup>				
6 <sup>th</sup>				
7 <sup>th</sup>				
8 <sup>th</sup>				
9 <sup>th</sup>				
10 <sup>th</sup>				
<b><i>Date of leaving school:</i></b>				

**PLEASE NOTE THAT THIS SECTION ONLY APPLIES TO THOSE WHO HAVE NOT HAD TWO PREVIOUS EMPLOYERS**

If you have not been employed twice previously, then three character references (none of which can be family members) from reliable sources are necessary or one employer and two character reference.

**Character reference 1**

Name of *character reference*:

Relationship (friend, associate etc)

Email address:

Full address and postcode:

Telephone Number:

**Character reference 2**Name of *character reference*:

Relationship (friend, associate etc)

Email address:

Full address and postcode:

Telephone Number:

**Character reference 3**Name of *character reference*:

Relationship (friend, associate etc)

E mail address:

Full address and postcode:

Telephone Number:

**Type of service we provide, please tick areas appropriate to your skills and knowledge:**One to one support  Supported Living  Nursing home  Head Injuries  Physical Disabilities Children  Younger people  Adults  Older people **EXPERIENCED  
CANDIDATES****Mandatory**

	Certificate obtained:		Date achieved:
<b>Medication</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>MVA (managing violence and aggression)</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

<b>MCA/DoL (mental capacity act)</b>	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
<b>Skills for care (or individual equivalents below)</b>	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Safer people handling	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Health & Safety	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Infection control	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Food safety	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Basic first aid & CPR	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Safeguarding adults	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

Please note: If you do not already have the above essential up-to-date qualifications then training is mandatory and payable direct by yourself. We do provide online training also We recommend BACS Training in Shipley, please contact us if you have any queries or require further information regarding training and costs.

## THOSE NEW TO CARE

**In addition to the above mandatory training, candidates without experience and previous training must undertake (and fund) a “Care Certificate” (replacing Skills for Care) which incorporates 15 fundamental standards:** 1. Understand your role 2. Your Personal Development 3. Duty of Care 4. Equality & Diversity 5. Work in a Person Centered Way 6. Communication 7. Privacy & Dignity 8. Fluids & Nutrition 9. Awareness of mental health, dementia and learning disabilities 10. Safeguarding Adults 11. Safeguarding Children 12. Basic Life Support 13. Health & Safety 14. Handling Information 15. Infection Prevention & Control

### Desired

	Certificate obtained:				Date achieved:
NVQ 2/3/4 (please specific which)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Epilepsy Awareness	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Bucal Midazolam	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Autism	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Dementia	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

PEG	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Please list any others:			

### PERSONAL CARE

Please note that your role may involve "personal care" such as bathing etc, please denote below:

<b>Males applicants only to answer :</b> <i>"are you willing to deliver person care to males"?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Females applicants only to answer :</b> <i>"are you willing to deliver person care to females"?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Females applicants also to answer :</b> <i>"are you willing to deliver person care to males"?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### PRACTICAL ABILITY

(Please ONLY tick the tasks that you have had experience in providing)

Dressing/undressing:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bathing & showering:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bed bathing:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Shaving:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Oral care:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Nail care:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Incontinence:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Commodes/bedpans:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Catheter bags:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Colostomy bag:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Others:		

**PRACTICAL ABILITY: MOBILITY**

Mobile hoists	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ceiling hoists	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bathing aids	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Walking aids	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wheelchairs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Others:		

**PRACTICAL ABILITY: NUTRITION:**

Preparing Meals	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dietary Guidelines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Support with Feeding	Yes <input type="checkbox"/>	No <input type="checkbox"/>
PEG Feeding	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Menu planning		

		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Others:					
<b>PRACTICAL ABILITY: GENERAL EXPERIENCE:</b>					
Dementia	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
Learning Difficulties	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
Physical Disabilities	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
Sensory Impairments	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
Older people (frail)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
Complex needs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
Others:					

<b>GENERAL KNOWLEDGE &amp; EXPERIENCE:</b> (Please ONLY tick the tasks that you have had experience in providing)					
Recruitment and selection of staff	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
Supervision and appraisal skills	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
Quality Assurance / audit skills	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
Health and Safety awareness	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
Disciplinary / investigations	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>



Policies and procedures	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Care / support planning	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Risk Assessments	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Regulatory requirements (CQC, Supporting People etc)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Experience of managing a team	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>INTERPERSONAL SKILLS:</b>				
Conflict resolution	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Mediation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Listening skills	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Flexibility	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Ability to lead others	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>INITIATIVE AND MOTIVATION:</b>				
Able to demonstrate a high level of initiative	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Able to set and achieve targets	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Ability to implement changes on a daily basis	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Engage with others – customer, families, professional's				

	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Ability to motivate others	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>PRACTICAL ABILITY: GENERAL EXPERIENCE:</b>				
Dementia	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Learning Difficulties	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Physical Disabilities	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sensory Impairments	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Elderly (frail)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Complex needs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

<b>DAYS AVAILABLE TO WORK:</b> (Please tick appropriate boxes)							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleepover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waking nights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### HEALTH DECLARATION:

If the answer is **YES** to any of the questions in this section, please give full details in the space provided of the dates/duration and outcome of the illness or condition. If Uber Support Ltd (US) has concerns about your fitness to work, any contract offer may be subject to a satisfactory medical report. Please be aware that providing any untrue or misleading information regarding your health will give the Employer the right to terminate any employment contract offered)

Have you ever had?	If yes, please give additional information:	
Tuberculosis, asthma, bronchitis or chest complaints?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Chest pain, heart condition or raised blood pressure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Blackouts / epilepsy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Depression / mental illness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Back Trouble?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dermatitis or skin problems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any allergies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you any reason to believe that you may be infected by any Communicable disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any other current or recent medical condition or treatment which may affect your attendance or performance at work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any physical disabilities including sight	Yes <input type="checkbox"/>	No <input type="checkbox"/>

or hearing impairments?	
Do you smoke?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any other ailment/condition that could restrict your ability to perform your duties:	
I hereby declare that the above is correct and complete. <b>PLEASE SIGN, PRINT &amp; DATE:</b>	Signed..... Print..... Date.....

### REHABILITATION OF OFFENDERS ACT 1974

Our role involves access to Vulnerable Adult therefore legislation requires enhanced DBS (Disclosure & Barring Service) and ISA (Independent Safeguarding Adults) checks. **THE CHARGE FOR AN ENHANCED DBS/ISA CHECK IS PAYABLE UPON SUCCESSFUL INTERVIEW (NO CHARGE FOR THOSE WITH UPDATE REGISTERED CERTIFICATES).** You are advised that this post is exempt from the provision of Section 4 (2) of the Rehabilitation of Offenders Act 1974. You are not entitled to withhold information about any criminal convictions which for other purposes are 'spent' under the provision of the Act. Any failure to disclose such convictions could result in an offer of employment being withdrawn or the employment being terminated. You are also required to disclose any cautions or warnings you may have received.

Have you ever been convicted in a Court of Law and /or cautioned in respect of a criminal offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details:	
I confirm I have read the above statement regarding the Rehabilitation of Offenders Act 1974. The information provided above is a true and accurate statement and I hereby confirm I <b>have/have not*</b> got a criminal record subject to the disclosure requirements of the Care Quality Commission	Name:
	Signed:
	Date:

### PASSPORT AND WORK PERMIT DETAILS: (For workers from overseas only)

Do you require a work permit to work in the UK?	Yes	No
Passport Nationality:		
Place of Issue:		

Passport Number:	
Date of Issue:	
Expiry Date:	
Known restrictions in use:	

**DECLARATION:**

I hereby declare that the information provided on this form is complete and correct and any untrue or misleading information will give my Employer the right to terminate any employment contract offered.

I agree that Uber Support reserves the right to require me to undergo a medical examination.(Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor).

<b>Name:</b>	
<b>Signed:</b>	
<b>Date:</b>	

**EQUAL OPPORTUNITIES:**

Uber Support is an employer embracing equality in race and opportunities for all staff and staff are selected on merit irrespective of race, sex, disability, etc. In order to monitor the effectiveness of our Equal Opportunities Policy we would ask all applicants to provide the following information. Please tick the relevant categories:

**Please indicate the broad ethnic group to which you belong –**

White (British, Irish, any other white background)

Black or Black British (Caribbean, African, any other black background)

Asian or Asian British (Indian, Pakistani, Bangladeshi, any other asian background)

Mixed (white and black, white and asian, any other mixed background)

Other (Chinese, any other ethnic group) - please specify:

Not stated

**Disability** is defined by the Disability Discrimination Act as;

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. The disability could be physical, sensory or mental and must be expected to last at least 12 months.

Are you a disabled person as defined by the Disability Discrimination Act? Yes  No

<b>Gender</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
<b>Sexual orientation</b>	Heterosexual	Gay man/woman	Bi-sexual <input type="checkbox"/>
	Prefer not to say		
Other			
<b>Marital status</b>	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/> Other <input type="checkbox"/>
How would you describe your <b>religion or belief</b> ?			
<input type="checkbox"/>	Christian	<input type="checkbox"/>	Buddhist
<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Jewish
<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Sikh
<input type="checkbox"/>	None	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	Other (please specify)		

***Thank you for completing.***



***Please either return by post or email [info@ubersupport.uk](mailto:info@ubersupport.uk) for further info (T) 0113 350 1 350***