Nursing and Domiciliary Care Agency Ltd
419 Whitehorse Road, Thornton Heath, Surrey CR7 8SD
Tel: 0208 683 3500 Fax: 0208 683 3900
www.topcarers.com & info@topcarers.com

The agency is pleased to know that you want to become a member. Below are the documents required for registration, please bring them with you to the office so that your application form is processed promptly.

1.	Application form clearly completed
2.	Two recent passport size photographs
3.	Resume or CV (Curriculum Vitae)
4.	Two completed reference forms and one must be from your last or present employer. To be valid both must have either the organisations company stamp or be accompanied with a complementary slip or letter headed paper.
5.	Proof of Personal Identity: Passport, Visa, original birth certificate, Home Office letter, Biometric Residence Permit, Permanent residence card etc.
6.	National Insurance Number: card or letter
7.	Proof of eligibility to work in the UK
8.	Two Proofs of Address: Full driving licence, utility bills i.e. water, gas or electricity, bank or building society statement, credit card statement, Council Tax statement, benefit statement. These proofs should not be older than 3 months.
9.	Original certificates showing mandatory training, professional qualifications and memberships of professional bodies
10.	Evidence of the following immunisations and/or the blood test results: • Hepatitis B • Measles • Mumps • Rubella • Varicella • Tuberculosis – BCG
11.	Bank or Building Society details
12.	P45/46 – if applicable
13.	Original CRB (Criminal Records Bureau) Certificate

Please Note:

The Agency would like to remind you that with reference to NHS PASA regulations, all workers must supply evidence that they have had training in all the below listed areas recorded in their files, otherwise the Agency cannot book them for work.

Mandatory Training for Health Care Assistants

1. Health and Safety
2. Manual Handling (Yearly)
3. Fire Safety (Yearly)
4. Infection Prevention & Control including MRSA & Clostridium Difficile (Yearly)
5. Food Safety and Hygiene (Yearly)
6. C.P.R. Basic Life Support (Yearly)
7. Lone Workers training
8. Handling of Violence and Aggression
9. Complaints Handling
10. COSHH – Control of Substances Hazardous to Heath (Yearly)
11. RIDDOR – Reporting of Injuries, Diseases and Dangerous Occurrences (Yearly)
12. Child Protection
13. Epilepsy

Your application will be followed by personal interview on an agreed date and time.

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CONFIDENTIAL APPLICATION FORM - PLEASE COMPLETE CLEARLY

Position applied for: **Health Care Assistant** Full Time ☐ Part Time ☐

Preferred Specialism: Mental Health ☐ Acute Adults ☐ Elderly Care ☐

SECTION A: Personal Details

Forename(s): Surname: Permanent UK Address: Post Code: Mobile No:	Title: Mr. ☐ Mrs. ☐ Ms. ☐ Miss. ☐ Date of Birth: Nationality: N.I. Number: Home Tel. No:
Email Address:	
Next of kin to be notified in an emergency: Address: 	Nature of relationship: Tel. No:
G.P's Name: Address: 	Tel. No:
Do you hold a current driving license? Yes ☐ No ☐	Vehicle Owner? Yes ☐ No ☐
Please give details of any endorsements:	

SECTION B: Qualifications and Training

Professional Qualifications Gained and Training Courses Attended	University/Institution	Date Of Qualification/ Training

SECTION C: Work History

Present and previous employment, including voluntary work for the last ten years in reverse date order. Please clearly detail any gaps in employment.

From (month and year):	To (month and year):	Employer's name, address & nature of business:
Job Title:		
Grade:		
Salary:		
Reason for leaving:		Duties/Responsibilities:

From (month and year):	To (month and year):	Employer's name, address & nature of business:
Job Title:		
Grade:		
Salary:		
Reason for leaving:		Duties/Responsibilities:

<table>
<tr><td>From (month and year):</td><td>To (month and year):</td><td rowspan="4">Employer's name, address & nature of business:</td></tr>
<tr><td colspan="2">Job Title:</td></tr>
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</table>

Please continue on separate sheet if necessary

SECTION D: Professional References

Name, address and telephone numbers of 2 professional references, one of whom is your present employer or line manager. The second referee must have known you in this capacity within the last three years, and be from a different clinical area. Please ensure that Top Carers do not currently employ them.

Name:	**Name:**
Position:	**Position:**
Name Of Organisation:	**Name Of Organisation:**
Address:	**Address:**
Telephone No.:	**Telephone No.:**
Extension:	**Extension:**
Email Address:	**Email Address:**

SECTION E: Immunisation History

Have you ever been vaccinated, immunized or tested for/against any of the following:

Hepatitis B	Yes ☐ No ☐ Date:	**Hepatitis Booster** Yes ☐ No ☐
Measles	Yes ☐ No ☐ Date:	**Date of last injection:**
Mumps	Yes ☐ No ☐ Date:	**Booster** 1st ☐ 2nd ☐ 3rd ☐
Rubella	Yes ☐ No ☐ Date:	
Varicella	Yes ☐ No ☐ Date:	
Tuberculosis	Yes ☐ No ☐ Date:	

I understand that in the event of my being unable to confirm whether I have had Chicken Pox, I willingly consent to undertake a blood test to verify my immunology status. Also that in the event of my being immune, I will consider the option of vaccination.

Signed: …….. **Print Name:** ……

SECTION F: Mandatory Training

Please give the dates of your most recent attendance:

Course	Date	Course	Date
Health and Safety		**Handling of Violence and Aggression**	
Manual Handling		**Complaints Handling**	
Fire Safety		**COSHH**	
Infection Prevention and Control		**RIDDOR**	
Food Safety and Hygiene		**Child Protection**	
CPR/Basic Life Support		**Epilepsy**	
Lone Working			

SECTION G: Rehabilitation of Offenders Act 1974

Because of the nature of work for which you are applying, this post is exempt from the provisions of Section 2.4 of the Rehabilitation of Offenders Act 1974 (Exemption Order 1975). Applicants are therefore not entitled withhold information about convictions which for other purposes are 'spent' under the provisions of the Act and in the event of employment any failure to disclosure such convictions could result in the dismissal or disciplinary action taken by the employer. Any information given will be considered only in relation to this application.

Have you ever been convicted of a criminal offence? Yes ☐ No ☐
(including spent convictions)

If yes, please state nature of the convictions(s) and dates(s) convicted:

……

……

As part of your registration with Top Carers you will be required to undergo CRB Disclosure at Enhanced level in line with CSI Regulations. Please sign your acceptance below.

I agree to undergo CRB Enhanced Disclosure as part of my registration with Top Carers.

Signed: ……. **Date:** ……..

DECLERATION – Please read and sign

I declare that the information given above is, to the best of my knowledge, true. I understand that knowingly giving false information will disqualify me from registration with the agency.

I undertake to inform the agency, immediately, if I am engaged/offered employment by a customer. I understand that the information given by me above and during the interview process may form the basis of a computerized personal records system to which access is governed by the Data Protection Act, 1984.

Signed: …… **Date:** ……..

Where did you hear about Top Carers?……

Have you ever used the services of other agencies? If yes, please state which ones? : ……

HEALTH CARE ASSISTANT - JOB PROFILE

Responsible to the General Managers and Line Managers

Summary of duties and responsibilities:

1. To work in accordance with the aims and philosophy of the Agency in its provision of care services.
2. To always work in an acceptable manner appropriate to the given environment.
3. To ensure that all statutory training is kept updated especially in relation to Manual Handling, Infection Control and Fire Safety.
4. To develop personal professional goals, by seeking help and advice when required.
5. To always promote the ideologies of the Agency by example, and by encouraging others to behave similarly.
6. To abide by the rules of the Agency in relation to timesheet submissions and any payroll issues.
7. To only accept those assignments that match skill base.
8. To maintain good levels of communication with the Agency.
9. To maintain levels of confidentiality expected by the Agency and Client respectively at all times.
10. To ensure that correct procedures are followed in the event of an incident of an accident involving clients or staff.
11. To assist persons in reaching their maximum potential when caring for them, directly or under the supervision of others.
12. To accept the Terms and Conditions as set by the Agency and to abide by them.
13. To wear correct Agency uniform at all times, displaying the Company ID badge.
14. To inform the Agency of the theft or loss of them.
15. To honour assignments accepted and if unable to fulfill allowing adequate notice for the recovery of assignment.
16. To have good interpersonal skills.
17. To make available time to the Agency for carrying out work.
18. To be available to attend performance reviews as required by the Agency.
19. To attend any disciplinary hearing as required.
20. To attend when requested by the Agency, any relevant training courses.
21. To maintain high standards of care.
22. To have a duty of care in respect of suspicions of abuse or neglect, by reporting your concerns immediately to the Manager.

This list is not exhaustive or infinite but gives a general idea of the duties expected within the role. The definitions laid down can be altered at such times as is deemed to be appropriate.

Signature: …… **Print Name**: ……..

Date: ……

HEALTH CARE ASSISTANT - COMPETENCEY AND SKILLS

Name: ……

Please tick the box according to the level of experience as indicated below	**Experienced**	**Need Assistance**	**Cannot Perform**
	1	**2**	**3**
ADMISSION AND DISCHARGES:			
Care of Personal effects			
OBSERVATION AND CHARTING:			
Temperature: Use of different thermometers			
Pulse: Taking and charting			
Respiration: Counting and charting			
Blood Pressure: Charting and use of sphyg			
Blood Pressure: Charting and use of DINAMAP			
Fluid Balance Chart (Intake and Output)			
Urine Testing and Charting			
Blood Sugar (BM Stick): Testing and Charting			
Tympanic: Charting and Using			
COMMUNICATION:			
Oral			
Written			
Other Languages			
Sign Language			
Understanding Braille			
Body Language Concepts			
CARE PLANS:			
Use of a Care Plan			
Understanding Care Plans			
Promoting Independence			
Setting Goals			
Report Writing/Giving (Observation Clients' Confidentiality)			

PERSONAL CARE:			
Bathing/Showering Client (Bathroom)			
Bed Bath			
Hair Wash			
Skin Care (Ethnic), Shaving			
Teeth Brushing: Mouth Care			
Nails (Finger Nails Only)			
SPECIAL CARE:			
Incontinence (Bladder and Bowels)			
Colostomy			
Urine: Drainage Bag/Catheter Bag (Leg and Standard)			
DIETARY:			
Meal Preparation			
Ethnic Meals (Such as Halal)			
Feeding: By Mouth/N.G. Tube			
Feeding patients who are confused			
SURGICAL CARE:			
Have you worked with patients that are Pre-Operative			
Post-Operative			
GOALS/PLANNING/PROMOTING INDEPENDENCE:			
Work with clients towards achieving goals			
Meal Preparation			
Mobility			
Self-Care			
Living Skills			
HAVE YOU WORKED WITH CLIENTS WHO ARE:			
Confused			
Have Mental Health Problems			
Blind			
Deaf			
Unable to Speak			
Have Physical Disabilities, e.g. Loss of the use of limbs			
Have Physical Disabilities, own home or community			
HAVE YOU HAD EXPERIENCE WITH THE FOLLOWING:			
Hoists			
Zimmer Frame/Walking Stick			
Moving and Transferring			
Bath Chair			
Oxygen Supplies			
Intravenous Infusion			

ARE YOU ABLE TO USE THE FOLLOWING:			
Fire Extinguishers			
Fire Blankets			
SOCIAL SKILLS:			
Writing Letters			
Escort to Shops			
IMPROVED SKILLS (Working With Other Professionals)			
Physiotherapists and Occupational Health Therapists			
Accompanies Clients in Recreational Trips			
TERMINAL CARE: Have you Experience With			
Care of People With Life Threatening Illness			
Hospitality to Relatives			
Last Offices			

Any Other Skills:

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Signature: …… **Print Name**: ……..

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REFERENCE FORM

Dear: ……

Date: ……..

Re: …… Date of Birth: …….

Application to join Top Carers

Clinical placement applied for: **Health Care Assistant**

The above named applicant has applied for registration with our agency and has offered your name as a professional referee on their behalf.

We would be grateful if you could confirm that the applicant is suited to the clinical placement by way of completing the short questionnaire overleaf. We are an agency who offer assignments to our workers based on their clinical ability only within the specialty applied for. Your reference will form a major part of the criteria in this assessment process.

Under the Care Standards Act 2000, we are required to make available, on request, either by a service user or by The Commission for Social Care Inspection (CSCI), information given by you as a referee. By completing and returning this request form we will assume that you have given express permission to share the contents of the reference in line with Data Protection rules.

We do hope that you can consider an early reply to allow the applicant to be placed in work. You can post, email or fax the completed form back to us using the contact information at the top of this page.

Yours Sincerely,

Cynthia Ufondu
Office Manager

Top Carers Nursing Agency

Applicants Name: ……..

Capacity in which you know him/her: ……..

Date of employment - From: …… To: ……..

Is permission granted to disclose the contents of this reference with the candidate? ……..

Having known the above-named person, what would you say about him/her?

Please tick the appropriate box	Excellent	Good	Fair	Poor
Clinical ability				
Reliability				
Attitude to work, colleagues and patients				
Personal Integrity, honesty and trustworthiness				
Time keeping				
Ability to work under pressure				
Commitment and initiative				
Conduct				
Grooming and appearance				

Is the applicant suitable for the post? Yes ☐ No ☐

Do you have any reason why we should not employ this person? Yes ☐ No ☐

If yes, please state your reasons: ……

Would you re-employ this person? Yes ☐ No ☐

Reason(s) for leaving: ……..

Please complete this section to validate this reference

Signed:	**Full Name:**
Date:	**Position:**
Contact Phone:	**Email:**

Organisation Stamp, Compliments Slip or Letter Headed Paper:
If you do not have a **business stamp**, please provide a **compliments slip** or **letter headed paper**. References without the above or that have not been sent from a **professional email address** cannot be accepted

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Contact Phone:	**Email:**

Organisation Stamp, Compliments Slip or Letter Headed Paper:
If you do not have a **business stamp**, please provide a **compliments slip** or **letter headed paper**. References without the above or that have not been sent from a **professional email address** cannot be accepted