



Hazelhead Homecare Ltd

Media House, 1a Dunswood Road, Cumbernauld G67 3EN
Telephone 01236 739947 Fax 01236 739947 E-Mail: liz.martin@hazelhead.com
www.hazelhead.com

Date: As Postmark

Dear Applicant,

Thank you for your interest in a vacancy with our company. Please find attached an application pack which consists of:

A x 3 page application form
Job Description
Equal opportunities Monitoring form

Please note: the PVG Scheme came into effect on 28th February 2011 and replaces the former Disclosure Application. All persons who wish to work within the care sector are now required to register for membership with the scheme, and the membership application fee is currently set at £59. Information on the scheme can be found at www.scotland.gov.uk/topics, and search for the 'PVG Scheme'. If you do not have access to the internet and wish more information on the scheme please contact us as shown above. You will be asked to complete a pre-application form for entry onto this scheme when attending interview however payment will not be requested for this unless your application is successful.

When completing the application form, please ensure you have quoted the names and addresses of two referees, one of whom should be your present or most recent employer. Please note: due to the nature of our employment we will be unable to progress your application without suitable references.

Suitable Referees are: Present or most recent employer, a business professional, e.g. a doctor, dentist, police officer, justice of the peace, district nurse, health visitor, social worker, or manager of a business.

Please Note: Family members and friends are not suitable referees.

Good luck.

Directors: James Fordyce (Snr), Margaret Fordyce, James Fordyce (Jnr)

Registered with the Care Commission.

Registered in Scotland No: 205759

Scottish Care 

Web Homecarer Stirling



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Position Applied for:

Please indicate desired work pattern:

- Full Time
- Part Time
- Shift Work
- Other

Availability Days Evenings Weekends

If other Please state: _____

General Information

Surname

Fore Name(s)

Home Address

No. Street

Town/City

Home Tel. _____

Mobile _____

E-mail _____

Marital Status: Married Single Separated Divorced

What date can you start work?

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Do you need a permit to work in the UK? Yes No

Do you have daily access to a car? Yes No

Do you have a current UK driving licence? Yes No

Are you in good health? Yes No

Do you have disabilities which may effect your application?
Yes No

If you have any disabilities, please give details on a separate sheet of paper. This will be treated as a confidential document.

Qualifications

Please list any educational, personal or professional qualifications and details of any relevant experience.

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Have you ever worked in the Care Industry before?

If yes, please state where and give details below:

| |
|--|
| |
|--|

PVG Scheme Membership Number: (If Applicable).

Employment History

| | |
|---|---|
| Are you working at present? Yes <input type="checkbox"/> No <input type="checkbox"/> | Do you have any holidays booked? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give dates From: ___/___/___ To ___/___/___ |
|---|---|

Have you been in receipt of Jobseeker's Allowance for six months or more? Yes No

| | | |
|--|-----------|--|
| Who is your current or most recent employer? Company Name | Phone No. | Employed From: ___/___/___ To ___/___/___ |
|--|-----------|--|

| | | |
|---------|------------------|------------------|
| Address | Supervisors Name | Type of Business |
|---------|------------------|------------------|

| | | |
|-----------|--------------------|---|
| Job Title | Why did you leave? | No of Months employed? <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |
|-----------|--------------------|---|

What were your duties/responsibilities?

What is the name and address of your previous employer?

| | | |
|--------------|-----------|-------------------------------------|
| Company Name | Phone No. | From: ___/___/___ To ___/___/___ |
|--------------|-----------|-------------------------------------|

| | | |
|---------|------------------|------------------|
| Address | Supervisors Name | Type of Business |
|---------|------------------|------------------|

| | | |
|-----------|--------------------|---|
| Job Title | Why did you leave? | No of Months employed? <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |
|-----------|--------------------|---|

What were your duties/responsibilities?

Please provide the names and addresses of two referees. (They must not be family members or personal friends, and one should be your current or most recent employer).

Do you have any objection to Hazelhead Homecare contacting your referees prior to interview? Yes No

| | | | |
|----------------|---------|------------|--|
| Referee 1 Name | Address | Occupation | Email Address: Phone No. Fax No. |
|----------------|---------|------------|--|

| | | | |
|----------------|----------|------------|--|
| Referee 2 Name | Address. | Occupation | Email Address: Phone No. Fax No: |
|----------------|----------|------------|--|

Criminal Convictions

Have you ever been convicted of any Criminal Offence? Yes No If yes, Please give details below.

Note

Because of the nature of the work that you are applying, this post is exempt from the provisions of section 4(2) of the Rehabilitation of Offenders Act, 1974 by virtue of the Rehabilitation of Offenders Act 1974 (exemptions) order, 1975. applicants are therefore not entitled to withhold information re convictions which for other purposes are 'spent' under the provisions of the act, and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the company. Any information given will be completely confidential and will be considered only in relation to an application for positions, which the order applies.



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4 Tantallon Court Castlehill Ind. Estate, Carluke ML8 5UF
Telephone 01555 771185 Fax 01555 771459 E-Mail: info@hazelhead.com
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POSITION: Homecarer

RESPONSIBLE TO: Homecare Co-ordinator

MAIN FUNCTION: As a home carer you will be involved in working with a variety of individuals and families who require assistance to continue to live within the community some of whom may have complex needs.

PRINCIPAL RESPONSIBILITIES:

1. To ensure all service users are treated with respect at all times
2. To assist the Homecare Co-ordinator in maintaining the well-being and the safety of service users by carrying out all tasks as instructed by the Homecare Co-ordinator .
3. To be aware of and adhere to Hazelhead Homecare Ltd policies and procedures and staff code of practice at all times.
4. To assist in ensuring that information affecting all aspects of a service users care is kept confidential and communicated effectively only to authorised persons.
5. To participate in the orientation and in-service training of unqualified staff.
6. To support the Homecare Co-ordinator in maintaining standards of care in compliance with Scottish Care Commission guidelines.
7. To undertake such other duties as may be considered appropriate by the Homecare Co-ordinator.
8. To liaise with Homecare Co-ordinator and advise of any changes to the service users environment or any health concerns.
9. To undertake any training as deemed required.

Tasks: Washing, dressing, toileting, catheter care, stoma care, food preparation, shopping, collect pensions, pay accounts, laundry, setting and lighting of fires, hair washing and general housework.

Carers are not permitted to undertake tasks which endanger their health and safety, e.g. climbing above floor level, moving heavy objects, repair of electrical equipment or home decoration.

Drivers must be flexible in their approach to working in areas outwith their normal locale.

I the undersigned confirm that I have read and understand the job description relating to my post as detailed above.

Print Name.....

Signed.....

Date



INVESTOR IN PEOPLE

Directors: James Fordyce (Snr), Margaret Fordyce, James Fordyce (Jnr)

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Reviewed May 2007



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**EQUAL OPPORTUNITIES
MONITORING INFORMATION**

Hazelhead Homecare is committed to a policy of Equal Opportunities to ensure that all candidates for employment are treated fairly. Applications are welcome from all sections of the community. This information requested is necessary as part of our monitoring responsibilities and to measure our progress towards widening diversity among our workforce. The information you provide will be used for statistical monitoring purposes only.

Please tick the appropriate boxes Below

1) Name:
Post: Location

2) Gender: Male Female

3) Age:
 Under 21 21 - 30 31 - 40 41 - 50 51 - 60 61 - 65 Over 65

4) Marital Status: Married Not Married

5) Which category best describes the ethnic group to which you belong.
A) White B) Black C) African D) Asian E) Other (please state)
 British British British British
 Irish Other Other Other
 Other

6) Do you have a disability? Yes No

7) Do you have caring responsibilities?
 Yes, Childcare, Under 14 years
 Yes, Other
 None

In terms of the Data Protection Act 1998, I consent to the information I have provided being used to monitor the effectiveness of Hazelhead Homecare's Equal Opportunities Policy. I understand that if I am successful in my application, this information will be retained on file for statistical purposes.

Signed Date

PLEASE COMPLETE AND RETURN THIS FORM IN THE ENVELOPE PROVIDED WITH YOUR APPLICATION.

THANK YOU FOR YOUR ASSISTANCE.