Livingstone Health Care Limited
Passion for Quality and Dignify Care

APPLICATION PACK

Livingstone Health Care

JHUMAT HOUSE
160 London Road
Barking East London
IGII 8BB

T: 02082141102
M: 07753213683

We are accredited and regulated by the Care Quality Commission (CQC) and a member of the United Kingdom Home Care Association (UKHCA)
https://livingstonehealthcare.co.uk/

POST APPLIED FOR	

PERSONAL DETAILS

Title:	First Name		Surname	
Address				
Postcode				
Years at this address				
Home Telephone		Mobile Number		
Email address				
NI number				
Date of Birth				

Where did you hear of this vacancy	
Are you subject to any restrictions regarding working in the UK?	
If yes, what are they	
Please list additional spoken languages	
Address history for the past 5yrs Please specify date.	

EMERGENCY CONTACT

Full Name	
Relationship	
Address	
Home Telephone	

DRIVING

Do you have a valid full driving licence	
Do you have the use of a car	
Do you have any penalty points on your licence	
Details of any licence penalties	

MEDICAL DETAILS

Have you any health condition that affects your ability to do this work?	
How many days sickness have you had off in the last 2 years?	
Are you undergoing any treatment or seeing a doctor currently?	

MEDICAL QUESTIONAIRE

FIRSTNAME:_____**SURNAME:**_____

Please indicate whether you have any of the following illnesses by entering **YES** OR **NO**

	YES/NO		YES/NO		YES/NO
BACK STRAIN		SHORT BREATH		DIABETES	
TUBERCULOSIS		SURGERY		EPILEPESY	
GASTRO-ENTERITIS		ANY SERIOUS ACCIDENT		HIGH BLOOD PRESURE	
ALLERGIES		DISABILITY		BLACKOUT	
BRONCHITIS		OTHER CONDITION		ANY HEART DISEASE	
ASTHMA		TYPHOID			
CHEST PAIN		DYSENTRY			

1. If you have answered YES to any of the above conditions, please give details:

ILLNESS OR CONDITION: _____DATE: _____

HOW LONG WAS THIS ILLNESS:_____

TREATMENT GIVEN: _____

2. Have you suffered from diarrhoea, sore throat, or skin trouble within the last month?

I certify that I am at present in good physical and mental health. I declare that the above information are true and correct to the best of my knowledge and that I have omitted no relevant details. I undertake to inform the agency of any serious change to my health. I understand that if any information given appears to be false statements, it may result in my application deregistered from the agency.

PRINT NAME:_____ SIGNATURE**:**_____

DATE**:** _____

NB - ***Employment will be made subject to satisfactory health clearance***

WORKING TIME REGULATION ACT 199

I_____ (Print Name) I Hereby waiver my legal rights. Under the working time regulation act 1998 and requested to work in excess of 48 hours per week average over the number of weeks I am employed on a particular contract. I undertake to inform Livingstone Health Care if I take up a night shift employment with another employer, which may affect the standard of my performance or create conflicts of interest. If I wish to change my working conditions and work 48 hours or less per week, then I must give a minimum of seven days and up to a maximum of three months' notice to Livingstone Health Care.

PRINT NAME:_____ SIGNATURE**:**_____

DATE**:** _____

REFERENCES:

One must be your present or most recent employer.
Please give the full names and Full Email Addresses of two people who would give you a reference in relation to work

A. Character Reference 1:

Name:…….

Email Address:…….

Relationship With Applicant:…….

Phone Number:……

B. Character Reference 2

Name:…….

Email Address:…….

Relationship With Applicant:…….

Phone Number:……

C. Character Reference 3

Name:…….

Email Address:…….

Relationship With Applicant:…….

Phone Number:……

Professional Reference:

PROFESSIONAL REFERENCE 1. **PROFESSIONAL REFERENCE 2.**

Company Name		Company Name	
Name		Name	
Position		Position	
Email Address		Email Address	
Tel No		Tel No	
May we contact your referees without further reference to you?			

I declare that the all information I have given in this application is correct and that I am in sound physical and mental health and well able to complete the duties which I agree to accept. I understand that my application is subjected to the satisfactory references and medical questionnaire. I fully understand that after any offer of work through the agency, any statement above is found materially incorrect then my registration with the agency must be terminated without any notice or other reason given.

PRINT NAME:_____ SIGNATURE:_____

DATE: _____

AVAILABILITY FOR INTERVIEW

What is your availability for interview?	

If appointed, when would you be able to start?	

1. Are you currently working?: _____
2. How much notice do you need to give to your current job? _____
3. From when and how long are you available for? _____
4. What was your salary or hourly rate? _____
5. What further training are you considering and geographical area? _____

PRINT NAME:_____ SIGNATURE:_____

DATE: _____

PRESENT EMPLOYMENT (or most recent if currently unemployed)

Name		
Address		
Postcode		
Dates of current (last) employment	From -	To -
What is / was your gross annual salary		
Job Title		
Type of business?		

Please give a brief description of your current / most recent job together with your responsibilities
Please give your reasons for seeking alternative employment.

EDUCATION AND QUALIFICATIONS

We are required under The Health & Social Care Act 2008 to have **full details** of your schooling / further education and any qualifications that you obtained -

Name of schools / colleges including full address	Dates From To	Examinations passed / qualifications Obtained

EMPLOYMENT HISTORY

We are required under The Health & Social Care Act 2008 to have **full details** of your work history. Please provide this, starting with the most recent -

Name and address and type of business	Dates		Job Title	Reason for leaving
	From	To		
This section is for you to give your reasons for applying for this position and for you to record any relevant skills, experiences. This is the part where you 'sell' yourself.				

REHABILITATION OF OFFENDERS ACT 1974

Because of the nature of the work involved in this appointment, you are advised that you are not entitled to withhold information about any cautions or actual criminal convictions that would normally be considered to be 'spent' under the UK **Rehabilitation of Offenders Act of 1974.**

Any information that you give will be kept strictly confidential and will be considered only in relation to this application.

Have you ever been cautioned / convicted of any offence anywhere?

If yes, please give full details of all cautions or convictions

Please note, you will be required to undertake an enhanced Disclosure Baring Service (DBS) and ISA First check prior to commencing employment.

DECLARATION BY APPLICANT

Any person, upon subsequent employment, that is found to have knowingly supplied false or misleading information, or has deliberately withheld relevant information, will be summarily dismissed.

I declare I am eligible to work in the UK and that all the information provided in this application is, to the best of my knowledge, correct and if I am appointed will form part of my contract of employment. The company can carry out checks with UKBA if necessary.

Print Name:……

Signature:……**Date:**……..

I declare that Livingstone Health Care Limited can store my personal data for this recruitment, training, and employment purposes. The information provided in this application is, to the best of my knowledge, correct and if I am appointed will form part of my contract.

Print Name:……

Signature:……**Date:**……..

PRIVATE & CONFIDENTIAL HEALTH DECLARATION

As responsible employers we require all prospective employees to complete this form truthfully so that we are able to ensure that you will be able to carry out the tasks involved in the post that you have applied for and that your health will not be put at risk.

Please complete both sides of this form as fully as possible. The information provided will be treated confidentially and will only be kept in our Personnel Files.

Previous illness or disability does not mean that you cannot be employed by us, but we may in some circumstances require you to attend a G.P. or Occupational Health Centre or provide a Medical Certificate stating your fitness.

Name	
Date of Birth	
Post applied for	

	Yes or No	If yes, please give details
Have you had any illnesses or accidents of a serious or long-lasting nature in the last five years?		
Have you been dismissed or had to take early retirement on poor health grounds?		
Have you had any kind of hospital treatment in the last five years (as an in-patient or as an outpatient?)		
	Yes or No	If yes, please give details
Have you had any kind of treatment from any physiotherapist or chiropractor, etc. in the last five years?		
Have you ever had any back or related spinal problems?		
Do you have problems with manual handling (lifting)?		
Have you any physical or mental condition which may reoccur & which may make you unfit to work?		
Have you had any illnesses brought about by any previous employment?		
Have you had any time off from work due to any illness or accident in the last five years?		

To the best of my knowledge, the information that I have given above is correct. I understand that if at a later date it is found that I have withheld any relevant information, or that the information that I have given is inaccurate, that I would be liable to dismissal if appointed.

Print Name:……

Signature:……Date:……..

EQUAL OPPORTUNITY RECRUITMENT FORM

Livingstone Health Care Limited is an equal opportunity employer, and our recruitment is conduct in fair and equitable basis, respective of age, sexuality, disability, race, religion, gender, ethnicity etc. To monitor the effective ness of our equal opportunity policy we requested all applicants to provide information below.

Please Note: Ethnic minority questions are not about nationality, place of birth or citizenship.

The commission for Racial Equality recommends the categories used in the 1991 census as fellows: (*Please tick one only for each question*)

1. Are you? MALE ☐ FEMALE ☐
2. Are you: **MARRIED ☐ SINGLE ☐ SEPERATED ☐ DIVORCED ☐**
3. What is your ethnicity

Black African ☐ Bangladeshi ☐

Black Caribbean ☐ White ☐

Chinese/Vietnamese ☐ Indian ☐

Black Other (*please specify*) ☐ Pakistani ☐

Mediterranean (*Please specify*) ☐ Other (Please Specify) ☐

STAFF BANK DETAILS

Candidate Name:	
Account Number:	
Sort Code:	
Date you entered UK	

JOB DESCRIPTION

Preview

This job description summarizes the work content and nature of the post and its role in the organization. It does not specify every aspect of the job in detail and broad headings covering only the primary responsibilities of the post have been used. It is implicit that the usual associated routines & duties are included, and that staff will work flexibly and undertake the obligations required by the organization.

Job Title : Care Worker (Social Care)
Hours : Negotiable
Reports to : Supervisor/Registered Manager

Overall Purpose of the Job:

The purpose of the care provided by Livingstone Health Care is to support individuals who choose to remain in the comfort and security of their own homes and to help them live as independent and active lives as possible by supporting them in an enablement focused way. The tasks you undertake will be agreed by the service user and the Livingstone Health Care Manager once they have assessed the service user's needs. This will be written down as an Individual Task Planer, which will be kept in the service user's home.

This document will specify your duties for each individual service user you work with and it will be your responsibility to follow this and other supporting documents, reporting any changes in need that you or your service users identify. Livingstone Health Care will be responsible for meeting the personal needs of service users. He/she will assist in meeting the care support and daily living needs of the service user and to provide care and any additional support as required in accordance with BC&SS's care standards.

PRINCIPLE DUTIES & RESPONCIBILITES

Key Results Area:

The following list gives examples of the type of duties you may undertake. All of these should be done in a manner which encourages service users towards the maximum degree of independence and activity appropriate to their abilities;

- Assisting getting up in the morning including washing/bathing and dressing and maintaining personal appearance
- Assisting with undressing and getting to bed in the evening
- Assisting with preparation of meals, drinks and snacks when necessary
- Provide assistance with toileting and changing clothes and/or bedding where necessary
- To maintain commodes and wash clothes and bed linen (which may include soiled laundry) when necessary
- provide assistance with other tasks of personal daily living that you cannot manage and provide general support as part of a caring team
- Assist and encourage the management of medication or administer where necessary and appropriate, and monitoring health related conditions such as dietary & fluid intake.

- To help service users with mobility difficulties, or other physical disabilities, including incontinence. To help in the use of aids and other personal equipment.

Standards of Performance:

- Manager/Service User satisfaction
- Feedback from Manager
- Service User's personal hygiene and comfort is maintained at all times
- Ensure Service Users maintain their dignity and participate in normal daily activities
- Measure of Effectiveness: Manager, Staff & Service User Feedback

Other Duties & Responsibilities:

- To undertake or supervise the personal care of service users, preparation of appropriate meals, shopping, bill payment & collection of prescriptions and general household tasks.
- Ensure service users retain individuality and personal dignity by promoting high standards of care and encouraging independence where appropriate.
- Ensure that different cultural needs are catered for sensitively.
- To respect the confidential nature of the work.
- To provide direct care to service users as circumstances require.
- To attend meetings, case conferences and training courses as required.
- Contribute to an effective system of communication within the team, by discussion and regular team meetings.
- To undertake such duties and responsibilities of an equivalent nature, as may be determined by the Home Care Manager from time to time in consultation with the post holder.
- To ensure that the Health and Safety and Equal Opportunities policies are implemented at all times.
- To undertake any other duties specified by Management.

Responsibility for Resources:

- Gloves, facemask, face shield, shore cover, hand sanitizer, aprons and all protective work wear.

Essential Qualities:

- Working with the elderly (formal or informal) desirable
- An ability to handle emergency situations
- Effective verbal communication skills
- Good interpersonal skills
- A good knowledge of equal opportunities
- Ability to work as a team member
- Ability to work under own initiative
- A detailed understanding of other cultures and some familiarity with diversity
- Basic numeracy & literacy skills essential
- Use of own vehicle essential

Desirable Qualities:

- Previous experience working in Homecare setting
- Relevant NVQ or similar qualifications
- Experience in organizing and facilitating group activities for an elderly client group
- Understanding elderly health issues

I hereby accept the terms as stated on the Care Worker (Social Care) job description

Print Name:……

Signature:……Date:……

Letter:

Dear Employee,

As you may be aware, new data protection legislation came into force on 25th May 2018 known as GDPR – General Data Protection Legislation.

Please find attached a copy of our Livingstone Health Care GDPR Consent Form; it is essential that you read through the document thoroughly and sign and return, to provide us with consent of holding and processing your data, as explained within the form.

Should you have any queries or require further information please do not hesitate to contact our HR Department.

Kind regards

On behalf of Livingstone Health Care

Introduction

The EU General Data Protection Regulation ("GDPR") comes into force across the European Union on 25th May 2018 and brings with it the most significant changes to data protection law in two decades. Based on privacy by design and taking a risk-based approach, the GDPR has been designed to meet the requirements of the digital age.

The 21st Century brings with it broader use of technology, new definitions of what constitutes personal data, and a vast increase in cross-border processing. The new Regulation aims to standardise data protection laws and processing across the EU; affording individuals stronger, more consistent rights to access and control their personal information.

The Data Controller of the personal information being collected and processed is Livingstone Health Care. This privacy notice will inform you why we collect your personal data, how long we will keep your data, the intended processing of your data and any other information which will make the processing of your data fair, lawful and transparent. Should we intend to process your data for another reason which is not specified in this notice or for statutory functions; we will contact you to provide information.

Why are we collecting your data?
Livingstone Health Care collecting your data: In order to complete vetting to meet employment and recruitment standards Ensure each employee receives their monthly salary DBS check and renewal
What personal information are we collecting from you?
➢ Current personal information: Name, contact telephone number, email address, home address, NI number, date of birth and current bank details. ➢ 5 years employment history ➢ 5 years address history ➢ Documentation to confirm your right to work
What is the legal basis for collecting your data?
➢ Consent ➢ Performance of a contract ➢ Legal Obligation ➢ Vital Interests ➢ Task carried out in the public interest Legitimate Interests
If the data we collect is a statutory, contractual requirement or necessary to enter a contract, if you do not provide your personal details the following may happen:
Without the information required to screen an employee Livingstone Health Care will be unable to carry out the required checks to allow continued employment
What will we do with your information?
➢ Once the data is collected our vetting team carry out the required checks to ensure our staff are able to work, employee data is also shared internally with our finance department. ➢ Due to volume of applications we occasionally outsource our vetting to Vetting Solutions Centre.

How long will your data be stored at Livingstone Health Care?
➢ The information we hold will be hold securely for 7-10 years
How will we secure your data?
➢ All data we hold is password protected, only authorized personnel have access to files containing employee information.
Your Individual Rights
You have the right to: ➢ Be informed ➢ Withdraw your consent at any time ➢ Request access to your personal data ➢ Data Portability (this is to move your data where the legal basis is consent or performance of a contract) ➢ Request your data to be corrected ➢ Object to the processing of your data ➢ Request your data to be forgotten (deleted) where the legal basis is consent ➢ Object to processing of your data ➢ Lodge a complaint with the Information Commissioner's Office (ICO) Should you request to view any of your personal data, Livingstone Health Care have a timeframe of 30 days maximum to provide this information.
Your responsibilities
To contact the data controller (Livingstone Health Care) to update your information if it changes.
Should you wish to lodge a complaint, provided are the details of the supervisory authority; the Information Commissioner's Office (ICO): Address: Information Commissioner's Officer, Wycliffe House, Water Lane. Wilmslow, Cheshire Telephone: 0303 123 1113
CONSENT I have been made aware of my rights in accordance with the General Data Protection Regulation and the Data Protection Act (2018). I authorise Livingstone Health Care to process my data for the intended purposes as explained in this privacy notice: Print Name: …… Signed:…… Date:……..