

Support Worker Vacancy

Location: Kidderminster

Hours: 20 hours per week

Salary: £7.75 per hour

We are currently looking to recruit Support Workers to work within our friendly Supported Living service based in Kidderminster. The role involves helping individuals with learning disabilities to live as independently as they can.

You do not need formal qualifications to be a Support Worker as we will provide full ongoing training and help you qualify for your Care Certificate - this qualification is nationally recognised.

We are looking for supporters with a friendly and patient nature who enjoy working with people.

About You – Essential

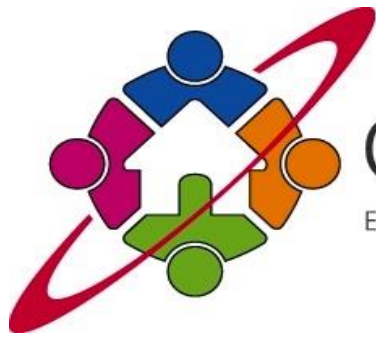
- Good people skills
- Ability to work as part of a team
- Flexible and adaptable approach to shifts and rotas
- Some administrative and IT skills

Desirable

- Experience of working with adults with learning difficulties
- Diploma Level 2 or 3 in Health and Social Care

If you would like any more information regarding this job vacancy or to discuss any opportunities working with Orbital 4 Support in a supporting role please do not hesitate to contact our Registered Manager Mrs. Josephine Gaud on 01562 742 458.

Alternatively, please click on the job application form link where you can access a downloadable PDF version of our application form and health questionnaire. Once completed please email them to jogo@orbital4.com and please mark the subject line of your email with **part time support worker vacancy**.



Orbital4Support
ENCOURAGE • SUPPORT • RESPECT

APPLICATION FORM

IN CONFIDENCE

Post applied for: **Support Worker**

Thank you for requesting an application form for the above vacancy. Please ensure that you complete all sections of this form in black ink and in block capitals.

Please do not send your Curriculum Vitae (CV) or any Testimonials unless requested to do so.

Please return your completed form to the following address:

**Mrs. Josephine Gaud
Registered Manager
Orbital 4 Support Ltd
1 Clares Court
Kidderminster
Worcestershire
DY11 6YX**

Please note: no formal acknowledgement or receipt of your application will be sent. All applications are considered for short listing and successful applicants will be invited for interview. If you have not heard from us after 4 weeks of applying you should assume you have not been selected for interview on this occasion.

1. PERSONAL DETAILS

(PLEASE COMPLETE IN BLOCK CAPITALS)

General

Surname:

Forename(s):

Preferred Title: (Mr/Mrs/Miss/Ms/Other):

Date of Birth:

Address:

Tel. No. (Home):

Mobile Tel No:

Email address:

Disability

Orbital 4 Support Ltd is committed to looking at applicant's abilities and not disabilities. As part of this commitment we guarantee to interview all applicants with a disability who meet the minimum criteria for the post applied for. For these purposes, disability is defined as any 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.

Please confirm whether you have a disability by ticking the appropriate box

Yes

No

If you need any particular arrangements to be made for interview e.g. access - please specify:

Relationships

If you are related to any employee or service user please give name and relationship:

Health

Please state the number of day's sickness absence during the last 3 years and give an indication of reasons for the absence(s) e.g. minor illness, surgery, disability related

2. EDUCATION, TRAINING & QUALIFICATIONS

Please give details of all educational training and other courses you have undertaken to date.

Name Of School/College/University attended	Dates From – To	Qualifications obtained Including Grades	Date Obtained
1. Schools (after age 11) 2. Further or higher education (Full and Part Time)			
3. Professional or other courses including training courses attended, NVQ's	Duration	Name of any qualification awarded	Date

3. EMPLOYMENT / WORK EXPERIENCE

Please include any previous work experience, paid, unpaid or voluntary starting with the most recent.

Current Employer (Name and Address)	Position Held	Salary/Wage	Date Started
	Brief Outline of Duties:		

Notice Period

Reason(s) for wishing to leave

Previous employer(s) (most recent first)	Position Held	Dates From - To	Reasons for leaving and final salary / wage

4. ADDITIONAL INFORMATION

Please state how your skills, abilities, experience and achievements to date (including leisure and voluntary) would make you a suitable candidate for this post.

5. ELIGIBILITY TO WORK IN THE UK

Please note: rigorous checks are undertaken by Orbital 4 Support Ltd to ensure an applicant's eligibility to work in the UK

Are you currently available for work in the UK Yes No

6. CONVICTIONS / DISQUALIFICATIONS

Please give details and date(s) of any conviction(s) (including driving offences) and/or disqualifications from driving or performance of professional duties.

NB: This does not, unless separately notified otherwise, apply to convictions which are “spent” in accordance with the Rehabilitation of Offenders Act 1974. (Please see explanatory note below).

Empty box for providing details of convictions or disqualifications.

Second Referee

Name:

Address:

Post code:

Contact Tele No. (Inc STD code):

Capacity in which referee is known to you:

May we approach referee prior to interview - please tick

Yes

No

8. EQUAL OPPORTUNITIES

Orbital 4 Support Ltd is an Equal Opportunities Employer. The aim of our policy is to ensure that entry into the employment of the company and progression within its service shall be determined solely by the application of objective criteria and personal merit. No applicant or employee shall be treated less favourably than another on grounds of gender, marital status, disability, race, nationality, ethnic or national origin, colour or creed.

9. DECLARATION

I declare that all the information given in this application is correct and complete.

Signature:

Please Print Name:

Date:

Please Note:

False statements or failure to disclose any information requested in this application form may disqualify a candidate. Discovery after appointment may lead to dismissal or disciplinary action.



CONFIDENTIAL PRE-EMPLOYMENT HEALTH QUESTIONNAIRE

Please read the following paragraph carefully before continuing to complete this questionnaire :

The completion of this questionnaire will allow an assessment to be made of your health and well-being in relation to your proposed employment. The completed questionnaire will be seen by and remain confidential to Orbital 4 Support Ltd. Applicants will not be rejected on the basis of the information given in this questionnaire without examination or health interview. If you are doubtful about completing any part of this questionnaire and would prefer to take advice you are advised to leave the section blank for the time being.

This will not prejudice your application. Failure to disclose relevant information or providing false information may affect your employment with Orbital 4 Support limited. Please send this questionnaire to :

Mrs Josephine Gaud, Registered Manager, Orbital 4 Support Ltd., 1 Clares Court , Kidderminster DY11 6YX

Position Applied For : _____ Date Of Application : _____

* Mr / Mrs / Miss / Ms Surname : _____
* Please circle

Forename(s) : _____

Date Of Birth : _____ Male Female
Please tick

Current Address : _____

_____ Post code: _____

Phone No. (inc. area code) : _____

Nationality : _____ Have you lived in this country for more than 3 years ? (please tick appropriate box) Yes
No

Name of current G.P : _____

G.P 's Address : _____

_____ Post code : _____

GP 's Tel No. (inc. area code) : _____

please provide details in Section B - Additional Information (remember to include all relevant details i.e. dates of illness, hospital in which you were treated, length of absence from work etc.)

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| 9. Back Trouble (including but not limited to backaches, back injury slipped disc) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 10. Arthritis or any other joint problems ? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 11. Diseases of the nervous system ? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 12. Psychiatric disorders ? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 13. Migraine ? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 14. Epilepsy or fainting attacks ? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 15. Heart attack / angina or other heart diseases ? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 16. High blood pressure ? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 17. Asthma, chronic bronchitis, or other chest illness ? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 18. Diabetes or other endocrine disorders ? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 19. Hepatitis or other causes of jaundice ? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 20. Blood diseases or bleeding disorders ? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 21. Gastro - intestinal disease ? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 22. Infectious disease ? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 23. Otitis media ? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 24. Hernia ? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 25. Urinary tract infection, cystitis, bladder or kidney trouble ? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 26. Hay fever ? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 27. Dermatitis/eczema/psoriasis or any other skin complaint ? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 28. Are you allergic to any drugs / chemicals or any other material | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 29. Have you or any close family member suffered from TB ? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 30. Have you ever suffered from stress, depression or anxiety? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 31. Coughed up blood ? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 32. High temperature in the last 12 months ? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 33. Unexplainable weight loss in the last 12 months ? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

