



Trinity Healthcare
Grosvenor House
102 Beverley Road
Hull HU3 1YA
Tel: 01482 581581 Fax: 01482 581582
e.mail recruit@trinity-healthcare.co.uk

Dear

Thank you for making an application to Trinity Healthcare one of the leading providers of permanent, temporary and agency staff in your area.

Our success and growth to date has been built upon the quality, professionalism and reliability of the staff we employ and to ensure that we continue to operate in this way I have enclosed relevant documentation which will give a clearer picture of the requirements of the role that you have applied for.

Trinity Healthcare only employs staff once we have followed a rigorous recruitment process that conforms to the requirements of the Care Quality Commission (CQC) previously the Commission for Social Care Inspection (CSCI) with whom we are registered. We understand that you may feel inconvenienced at having to produce so much documentation during the recruitment process but we make no apology for wanting to ensure we recruit only the best staff after making all the necessary checks, to deliver the safest and most relevant care to our clients and service users.

Please read thoroughly the attached documentation and complete the relevant forms as fully as you can. Once you have completed these documents please return them to us at our head office address above in order that we can speedily progress your application.

Should you have any problems completing the attached forms, or are uncertain about the identification requirements, please call the office on 01482 581581 where any one of our experienced team will be pleased to help you.

Documents enclosed:

For Information	<ul style="list-style-type: none">• Job Specification
For Completion & Signature	<ul style="list-style-type: none">• Application form• Enhanced CRB Checks (for information)• New Starter & Working Time Opt Out form
ID Documents to bring to interview (Originals)	<ul style="list-style-type: none">• Passport, Birth Certificate or Driving Licence (both parts with photo ID)• 3 of either- Utility Bill, Bank Statement or Credit Card Statement• Original of any current CRB that you hold• 3 Passport photographs

We look forward to receiving your completed documentation and meeting you soon to discuss your application further.

Yours sincerely,

Pauline Midgley

Manager

TRINITY HEALTHCARE

JOB SPECIFICATION

Job Title & Details	<ul style="list-style-type: none"> • Support / Care Worker; • Temporary placements with full or part time opportunities and transition to permanent employer by arrangement; • 5 weeks 3 days holiday per year • 3 month probationary period • 2 week notice period (after completion of probation) • Employment status - Temporary 									
Objective	<ul style="list-style-type: none"> • To provide a reliable and flexible high quality service aimed at sustaining and improving the service user's quality of life by recognising and meeting their differing needs. 									
Responsible to	<ul style="list-style-type: none"> • Branch Manager and staff 									
Working relationships	<ul style="list-style-type: none"> • Branch Manager and staff; • Clients and Service users • Other Support workers 									
Service user categories	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Learning Disabilities Substance Misuse Elderly</td> <td style="width: 50%; border: none;">Mental Health Supported Living</td> </tr> </table>	Learning Disabilities Substance Misuse Elderly	Mental Health Supported Living							
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Main Job Purpose	<ul style="list-style-type: none"> • Ensure that the communicated and established policies and procedures of the respective organisation are implemented; • Assisting service users in their day to day personal needs i.e. bathing, dressing and personal hygiene; • Offering practical help, appropriate advice and support to clients during their daily activities; • To provide support to all working professionals within the team; • To maintain appropriate records, recording accurately client activity and behaviour; • To carry out any appropriate domestic tasks during your shift; • To promote and encourage client independence whenever possible; • Ensure security of the building is maintained; • Notify the home/ residence manager or appropriate senior staff of any untoward changes in the resident's condition, either physical or mental; • Ensure that all duties are carried out in a professional and conscientious manner and are compliant with the organisation's policies; 									
Skills and experience and requirements	<ul style="list-style-type: none"> • Minimum 6 months recent experience in a professional environment • Good communication skills • Mobility either with own vehicle or public transport access • Reliability • Punctuality • Honesty 									
Training & Development	<ul style="list-style-type: none"> • Mandatory Training and support towards NVQ II and III will be provided. 									
Other	<ul style="list-style-type: none"> • Ensure that you are fully conversant with the appropriate procedures in the placement location particularly in respect of: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Health and Safety</td> <td style="width: 33%;">Fire Drills</td> <td style="width: 33%;">Training Records</td> </tr> <tr> <td>Record Keeping</td> <td>Accident Procedures</td> <td>Confidentiality</td> </tr> <tr> <td>Safe Working Practices</td> <td>Complaints Procedure</td> <td></td> </tr> </table> 	Health and Safety	Fire Drills	Training Records	Record Keeping	Accident Procedures	Confidentiality	Safe Working Practices	Complaints Procedure	
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Enhanced CRB Checks

Trinity Healthcare is committed to supporting staff working for us and will provide and pay for the Enhanced CRB and POVA/POCA check.

Subject to your application form being accepted and having successfully completed the pre employment interview the costs of the CRB, currently £50 will need to be paid up front by cash, cheque (with guarantee card number on reverse) or postal order for which a receipt will be given and recorded on your application. Without this payment we will be unable to further progress your CRB application or offer you work.

Payment can also be made direct to our bank through the use of e-banking – if you wish to utilise this method the account details are: Sort Code 40-25-59 Account 50020109. Please use “CRB” followed by your surname as the reference detail.

In certain circumstances where you are currently registered as being unemployed you may be entitled to receive assistance from the Job Centre (vouchers) in paying these amounts;

The relevant amount **will be reimbursed if appropriate in full** through your salary once you have completed 1,000 hours work for us, typically taking around 6 months or so, the criteria for these options will be explained at interview, however the conditions are outlined below.

Having successfully met all the employment criteria and in the event of you not getting 1,000 hours of work:

- If **we** have offered you work and you have repeatedly declined, then the repayment will not be made, and entitlement to this repayment will expire 6 months after your notified commencement date.
- If **you** have not offered us sufficient availability in a six month period to achieve this level of work then the repayment will not be made
- If **you** have given sufficient availability but we have not offered you the necessary level of work within 6 months then we will repay your CRB costs.

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I certify that I understand and agree to the above criteria.

Employee Name

Employee Signature

Dated

Payment Method	Tick one box	Amount £	Cheque Guarantee card no.
Cheque			
Bank Transfer			
Cash *			
Postal Order			

- Cash should not be sent in the post, unless by recorded delivery.

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SECTION TO BE COMPLETED IN OFFICE

Manager Name.....

Manager Signature.....

Dated

Trinity Healthcare

New Starter Form

First Name:..... Surname:.....

Address :.....

Town:..... County:.....

Post Code:.....

Telephone: Home: Mobile:.....

Date of Birth:

National Insurance Number

Bank Details

Name on Account (if different from above)

Sort Code: Account Number:.....

Bank / Building Society Name.....

Bank / Building Society Address:.....

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I hereby authorise Trinity Healthcare to pay any monies due to me in the above Bank/Building Society.

Signed:..... Date:.....

48 Hour Opt Out

Working time directive dictates that your standard working work will be no more than 48 hours, by signing this declaration you are stating that you are happy to OPT OUT of the standard working week.

I agree that the Working Week directive will not apply in respect of this contract or assignment

Signed:

Date: