

Social Care & Community Care Interview (Internal Use Only)

As part of the registration process all candidates must be interviewed face to face.

The registration interview process must include:

- Verifying the candidate's CV and gaining an explanation for any gaps in employment history. Any discrepancies should also be queried at this stage
- Discussing the nature and duration of previous experience
- Exploring the candidate's specialist knowledge and skills and to identify preferred areas of work

Consultants should use these questions as a base to ask follow up probing questions around experience and motivation of the candidate. If the consultant asks questions outside of the ones included, please ensure these are captured on the form.

All consultants should be trained to a suitable standard prior to conducting an interview.

Should you feel more training is required please speak to your Line Manager before proceeding with the interview.

Social Care & Community Care Interview Form



Candidate Full Name:		X3 ID:	
Name of Interviewer:		Interview Location:	
		Interview Date:	

1. Why are you interested in this role/type of work?

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2. Please talk me through your work history and give examples of the skills/ knowledge you have gained

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3. Please explain how this previous experience makes you suitable for this role.

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4. Please explain any gaps in your recent employment history?

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5. Please specify your availability for work - e.g. start date, shifts, hours etc.

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6. Which geographical areas are you prepared to work in?

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7. Are you registered with any other agencies? If yes, tell me about your experiences.

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8. What are your expectations of Reed?

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Competency Based Questions

1. A) Individuality and identity, rights, choice, privacy, independence, dignity, respect and partnership are all important values. Please give me an example of how you would promote these values
B) Demonstrate the meaning of prejudice and equal opportunities in relation to your service user group

2. A) Give 2 examples of how the relationship with a service user is different from other relationships
B) What is the nature of the responsibilities and limits of a worker relationship?

3. A worker has a responsibility to report any concerns in their workplace. What concerns might this include?

4. Speech is not the only way to communicate, please give some examples of other forms of communication

5. A) Confidentiality is of paramount importance, however, when would you break confidence?
B) It is important to check identity of people accessing information and premises, why is this?

Is the candidate currently, or ever been, under suspension or investigation at an organisation?

Yes




No




If yes, please provide details:

*****Please remind Candidate that if this were to change that the branch must be alerted immediately*****

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Declaration			
I confirm that I have met with the interviewer named below for a face-to-face interview. I understand that the information obtained within this interview may be entered onto a computer and under the terms and conditions of the Data Protection Act will be treated in a secure and confidential manner.			
Candidate Name:		Candidate Signature:	
Date:			

Interviewer Name:		Interviewer Signature:	
Professional Registration No:	<i>(If Applicable)</i>		

In extenuating circumstances interviews can be conducted via Facetime. If this interview was conducted via Facetime please give details below:

Details:

Consultant Signature Print Name

Date.....

INTERVIEWER SECTION				[OFFICE USE ONLY]	
Is the candidate able to communicate effectively and fluently in English?	Written English:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Spoken English:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please list the areas in which the candidate would be suitable to work in (including justification for this decision).					
Area	Justification			Comments	
1.	Evidence of certified courses	<input type="checkbox"/>			
	Relevant and suitable referencing	<input type="checkbox"/>			
	Acceptable competency checklist	<input type="checkbox"/>			
	Acceptable experience	<input type="checkbox"/>			
2.	Evidence of certified courses	<input type="checkbox"/>			
	Relevant and suitable referencing	<input type="checkbox"/>			
	Acceptable competency checklist	<input type="checkbox"/>			
	Acceptable experience	<input type="checkbox"/>			
3.	Evidence of certified courses	<input type="checkbox"/>			
	Relevant and suitable referencing	<input type="checkbox"/>			
	Acceptable competency checklist	<input type="checkbox"/>			
	Acceptable experience	<input type="checkbox"/>			
4.	Evidence of certified courses	<input type="checkbox"/>			
	Relevant and suitable referencing	<input type="checkbox"/>			
	Acceptable competency checklist	<input type="checkbox"/>			
	Acceptable experience	<input type="checkbox"/>			

Additional Notes/Observations:

Additional Notes/Observations continued:

Skills Checklist for Social Care & Community Care



Candidate name:

Client Type		Client Group			
Older Person	<input type="checkbox"/>	Learning Disabilities	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>
Adults	<input type="checkbox"/>	Physical Disabilities	<input type="checkbox"/>	Sensory Impairment	<input type="checkbox"/>
Children	<input type="checkbox"/>	Complex Care	<input type="checkbox"/>	Challenging Behaviour	<input type="checkbox"/>
Young Person	<input type="checkbox"/>	Terminal Illness	<input type="checkbox"/>		

Experience, please tick all that apply			
Medical Condition		Competence Skills	
Acquired Brain Injury	<input type="checkbox"/>	Bath/Shower/Strip Wash	<input type="checkbox"/>
ADHD	<input type="checkbox"/>	Use of Bath Aids	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	Bed Bath	<input type="checkbox"/>
Alzheimer	<input type="checkbox"/>	Shaving	<input type="checkbox"/>
Asperger's	<input type="checkbox"/>	Care of Hair	<input type="checkbox"/>
Autism	<input type="checkbox"/>	Mouth Care	<input type="checkbox"/>
Bi-polar	<input type="checkbox"/>	Dressing/Undressing	<input type="checkbox"/>
Breathing Difficulties	<input type="checkbox"/>	Care of fingernails	<input type="checkbox"/>
Cerebral Haemorrhage	<input type="checkbox"/>	Care of bladder/bowels	<input type="checkbox"/>
Cerebral Palsy	<input type="checkbox"/>	Use of bedpans/commodes	<input type="checkbox"/>
Confusion	<input type="checkbox"/>	Emptying catheter bag	<input type="checkbox"/>
Contagious Disease	<input type="checkbox"/>	Changing colostomy bag	<input type="checkbox"/>
Deaf	<input type="checkbox"/>	Suction	<input type="checkbox"/>
Dementia	<input type="checkbox"/>	Nasal Gastric Feeding	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Peg Feed	<input type="checkbox"/>
Eating Disorders	<input type="checkbox"/>	Recording fluid balance/weight	<input type="checkbox"/>
EBD	<input type="checkbox"/>	Use of M&H equipment	<input type="checkbox"/>
EMI	<input type="checkbox"/>	Using walking aids	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Keeping records	<input type="checkbox"/>
Failure to thrive	<input type="checkbox"/>	Observing health/well being	<input type="checkbox"/>
Frail	<input type="checkbox"/>	Reporting changes	<input type="checkbox"/>
Heart Problems	<input type="checkbox"/>	Preparation of meals	<input type="checkbox"/>
Immobile	<input type="checkbox"/>	Feeding service users	<input type="checkbox"/>
Infections	<input type="checkbox"/>	Preparing baby food/bottles	<input type="checkbox"/>
Kidney Failure	<input type="checkbox"/>	Pressure area care	<input type="checkbox"/>
Motor Neurone	<input type="checkbox"/>	Dealing with medication	<input type="checkbox"/>
Mobility Issues	<input type="checkbox"/>	Obtaining simple specimens	<input type="checkbox"/>
Muscular Dystrophy	<input type="checkbox"/>	Bed making	<input type="checkbox"/>
Neuro Care	<input type="checkbox"/>	Housework – washing, etc	<input type="checkbox"/>
Palliative Care	<input type="checkbox"/>	Shopping/Budgeting	<input type="checkbox"/>
Parkinson's Disease	<input type="checkbox"/>	Financial transactions	<input type="checkbox"/>
Reduced Sight	<input type="checkbox"/>	Clerical support	<input type="checkbox"/>
Respiratory Failure	<input type="checkbox"/>	Behaviour modification	<input type="checkbox"/>
Self-harm	<input type="checkbox"/>	Makaton	<input type="checkbox"/>
Short Term Memory	<input type="checkbox"/>	PEC's	<input type="checkbox"/>
Spina Bfida	<input type="checkbox"/>	Arranging social activities	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	Person centred planning	<input type="checkbox"/>
		Outcome based care plan	<input type="checkbox"/>


Please list below any additional client groups or medical conditions that you have had experience of working with and any additional skills or competencies that you wish to detail.

Where has your experience been? In someone's home, residential, nursing/care home, hospital etc

Car driver / access to car both

Geographical cover -how far willing to travel 20 miles

Length of shift / assignment restriction / availability ongoing 20 hours

Candidate Name:		Candidate Signature:	
Date:			