



Complete Job Application Pack

Care Worker

Job Description and Person Specification – Care Worker – Beacon Health Group Limited.

Job Description

Beacon Health Group Limited. provides a programme of personal care and household care management that is personalised for each client through the utilisation of a care plan. The role of a Domiciliary Care Worker is to work without direct supervision in the home of the client providing care and support including personal, social and domestic support whilst adhering to the client's individual care and support plan.

Aim

The aim of the position is to enable clients to remain safely in their own home with as much independence as possible. This requires providing care and support in a professional, discreet and caring manner, whilst always ensuring the client's right to privacy and dignity is maintained.

Accountability

This position reports initially to Senior Care Staff, then the Shift Supervisor and ultimately the Registered Manager.

Main Tasks and Responsibilities

- 1) To provide personal and practical care to clients with a wide range of vulnerabilities, illnesses and needs.
- 2) To assist clients with rising in the morning, dressing, undressing, washing/bathing and going to the toilet where required.
- 3) To prepare or assist in the preparation of meals and drinks throughout the day and evening.
- 4) To set tables and trays for meals where required, serve meals, feed clients, if necessary, wash up, clean and tidy away.
- 5) To assist clients with mobility problems and other disabilities including incontinence and help in the use of aids and personal equipment.
- 6) To help in the promotion of the mental and physical activities of clients through engaging in conversation, trips out, sharing in activities such as reading, writing, hobbies and recreation in order to help the service user remain as independent and engaged as possible.
- 7) To undertake or assist with light household duties such as making beds, tidying rooms, vacuuming, and emptying commodes.
- 8) To undertake or assist the service user in the laundering of clothes.
- 9) To assist with or administer client's medications.
- 10) To help care for clients who may be in the final stages of life and treat them with absolute dignity and respect.
- 11) To read and to write clearly in the client's communication log book, medication forms and financial transaction sheets to ensure an accurate record of activities undertaken and the status of the client at the time of each visit. To record accurately any changes that have occurred and other relevant information. To provide a signature with each entry and be mindful of comments written so as not to unintentionally offend or upset clients or their family/representatives as they are entitled to read the communications log.
- 12) To be vigilant regarding the client's needs and condition and report to the manager(s) and/or shift supervisor(s) any safeguarding issues which in the care worker's opinion warrants investigation or urgent attention.
- 13) To report immediately to management any noticeable changes in health, behaviour or circumstances of the client whilst maintaining the client's right to privacy and confidentiality.

- 14) To be available to work as and when agreed with Beacon Health Group Limited and give appropriate notice of unavailability.
- 15) To carry out accurately and in a competent manner, instructions from managers, shift supervisors and senior care workers, adhering to the care plans of individual clients.
- 16) To be pro-active when talking and listening to clients, allowing them to make their own personal choices in their own home.
- 17) To advise manager(s) and/or supervisor(s) of any ideas that may improve the level of service delivered to clients.
- 18) To adhere to the time frame of home visits as laid down in the client's individual care plan and request the client signs supplied time log sheets at the end of each visit indicating accurate arrival and departure times. To deliver time log sheets to the office on a weekly basis for processing. If information is to be recorded electronically, to ensure that accurate information is reported.
- 19) To work only to Beacon Health Group Limited's regulations regarding the handling of client's finances, ensuring accurate documentation and receipting of any transactions.
- 20) To participate in reviews of client's care plans as required.
- 21) To be aware of, and adhere to, the tasks and activities which must **not** be undertaken as part of care duties as described in the company's Prohibited Duties Policy. A copy of this policy is available in the office.
- 22) To be familiar with Beacon Health Group Limited's Health and Safety Policy and to actively promote safe working practice. To ensure full compliance with the company's Infection Control Policy and procedures. Copies of these policies are available in the office.
- 23) To record and report any accident or incident which may occur, no matter how minor or whether an accident or incident has occurred to a client or care worker.
- 24) To ensure the Company's Complaints Policy and Procedures are followed when dealing with any concerns or complaints raised by service users or their carer's.
- 25) To understand and comply with both Company and legislative requirements regarding confidentiality and data protection.
- 26) To conform to all policies and procedures laid down by Beacon Health Group Limited. relating to carrying out the above duties and in other duties as may be required in order to ensure the smooth running of the company.
- 27) To participate in induction and regular in-house training as directed by manager(s) and supervisor(s).
- 28) To be available for an annual Personal Performance Review which will be recorded in your personnel record.

Person Specification Including Competencies

1. QUALIFICATIONS	REQUIREMENT
a. NVQ Level 2 in Health and Social Care or other equivalent qualification	Desirable
b. GCSE - Maths and English	Desirable
2. EXPERIENCE	
a. At least two (2) years' experience in domiciliary care or similar field	Essential
b. Experience of team working	Desirable
3. SKILLS	
a. Good written communication skills	Essential
b. Good verbal communication skills	Essential
c. Understand the effects of ageing, disability, incapacity and illness and the effects these can have on a client	Essential
d. Ability to follow instructions	Essential
e. Ability to use your own initiative	Essential
f. Ability to time-manage efficiently	Essential
4. KNOWLEDGE	
a. Knowledge of Care Quality Commission Standards of Care	Essential
b. Knowledge of and commitment to a person (Client) focused method of social care	Essential
c. Knowledge of Health and Safety	Essential
d. Knowledge of legislation relating to social care, eg. Mental Capacity Act, Health and Social Care Act	Essential
5. PERSONAL CHARACTERISTICS	
a. Professional approach to work	Essential
b. Tactful and diplomatic approach to others with the ability to calm agitated individuals	Essential
c. Positive and enthusiastic about the business	Essential
d. Has the desire to offer the best service possible to clients	Essential
e. Committed to continuous improvement of the service and systems	Essential
f. Committed to personal development of self and others	Essential
6. OTHER REQUIREMENTS	
a. Ability to work flexibly including evening and weekends	Essential
b. Full driving licence	Desirable

Job Application Form

Thank you for your interest in applying to Beacon Health Group Limited.

Beacon Health Group Limited. is committed to equal opportunities in employment and making the application and recruitment procedure accessible for you as the applicant.

We hope you find our application procedure straight forward, but we would ask that:

- You do not ask anyone else to fill this form out for you.
- You **DO NOT** need to send a CV.
- Do not leave any section or boxes blank, record N/A in any boxes that do not apply to you.
- If you need more space for any of the sections, please use a separate sheet of paper and attach it to your completed application form.

Thank you and good luck with your application.

Post Reference Number:				Title of Post: Care Worker			
Where did you find out about this vacancy? (please tick one)		Website		Job Centre		Newspaper	Other
PERSONAL DETAILS							
First Names:				Surname:			
Date of Birth:		Gender:			NI Number:		
Address:							
Telephone (incl. code)	Day:		Eve:		Mobile:		
Email Address:							
Are you related to, or in a relationship with, anyone who works for or is part of the management team for Beacon Health Group Limited.?						YES	NO
If YES, Their name:			Their relationship to you:				
HEALTH							
Please note that if offered employment, you will be required to provide more detailed information about your health on our health declaration form.							
Are you in good health and able to carry out all of the tasks as listed in the job description?						YES	NO
How many days off work due to sickness have you had in the last 12 months?						DAYS	
TRANSPORT							
Do you own a vehicle you are prepared to use in work?						YES	NO
Do you hold a valid UK driving licence?	YES	NO	Full	Provisional	Automatic		
Do you have any driving endorsements?	YES	NO	If YES, please provide details:				

YOUR HOBBIES AND INTERESTS

Our clients have a wide variety of interests. This information may help us to better match you as a care worker with our clients.

PREVIOUS OFFENSES AND CONVICTIONS

Please provide us with brief details of any convictions, bind overs or cautions. Please note that having a criminal record will not necessarily stop you from working for us. If you are unsure about whether you need to tell us about a previous offence then please contact the Administrative Director to discuss the issue in confidence and provide you with appropriate advice. Please also see the back page of this application for our policy statement on the recruitment of ex-offenders. **N.B** – if you are offered employment to work with vulnerable adults, Beacon Health Group Limited. will require an enhanced disclosure check from the Disclosure and Barring Service (DBS).

Do you have any previous convictions, bind overs or cautions?	YES	NO
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If YES, please provide us with the details:

Details:	Dates:
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Details:	Dates:
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Details:	Dates:
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EMPLOYMENT

Your current or most recent employment

Current employment status:	Employed	Unemployed	Self Employed
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Dates of Employment:	From		To	
	Month:	Year:	Month:	Year:

Position held:	Reason for leaving:
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Name of Company:	Name of Line Manager:
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Address of Company HQ:

Tel. No.:

Place of work if different to above:

Period of notice required with current employer:

Your duties:

EMPLOYMENT HISTORY

We are required to provide a full employment history for all staff who work for us. Please record below your employment history from the time you left full time education. There must be no breaks in the dates you provide. If you have had periods of unemployment, please tick the appropriate box. If you require additional space, please attach additional sheets.

Status – please tick		FROM	TO	Name of Employer (if applicable)	Position Held	Reason for Leaving
Employed	Un-employed					

EDUCATION AND TRAINING

RELEVANT QUALIFICATIONS OR TRAINING: In this section please tell us about the qualifications or training that are relevant to the post for which you are applying. **N.B.** - if you wish to inform us of additional qualifications or training please attach a separate piece of paper to your application form.

Qualification or Training	Date

REFERENCES

If you are offered employment, we are obliged to take up two references for you before you are able to sign a contract of employment with Beacon Health Group Limited. One reference must be from your current or most recent employer whilst the other reference is from someone who knows you well but is not related to you. It can be a neighbour or friend and **DOES NOT** need to be someone in a position of authority such as a GP or teacher.

Employment Reference – Your Current or Most Recent Employer

N.B – We will only ask for a reference once an offer of employment has been made.

Name:	Position within company:
Address:	
Tel. No.:	

Email:

We are also required to take up references from any of your previous employers if they are within the care sector. Therefore, please use a separate sheet of paper and attach it to this application with their details.

Character Reference

N.B. - Do not use anyone as a character reference who works for us or is related to you. You can use a friend or neighbour, you **DO NOT** need to find someone who is deemed to be in a position of authority such as a GP or a teacher.

Name:	Position within company:
Address:	
Tel. No.:	

Email:

Please use the space provided below to tell us why you believe you are suitable for the role of a care worker at Beacon Health Group Limited.

Signatures and Declaration

I certify that the information I have given in my application is correct to the best of my knowledge. I consent to Beacon Health Group Limited. checking on any information for which I am unable to provide evidence of when an offer of employment is being considered. I understand that during any time of my employment, if Beacon Health Group Limited. find that information I have provided is incorrect or has been omitted I may be liable for instant dismissal.

Signature:**Date:****Recruitment of Ex-offenders – Please read the back page of this Application Form before signing**

I confirm that I have read and understood the Policy Statement on the back page of this Application Form and have declared all previous convictions. I understand that failure to declare information that Beacon Health Group Limited. later discover, Beacon Health Group Limited. will either stop my application from being taken further or make me liable for instant dismissal.

Signature:**Date:****OFFICE USE ONLY**

Post Reference:	JA2014/001		Position:	Care Worker		
Informal Interview:		Date:	Formal Interview:		Date:	
Successful:	YES			NO		

Policy Statement on the Recruitment of Ex-offenders

- As a company using the Disclosure and Barring Service (DBS) to assess applicant's suitability for positions of trust, Beacon Health Group Limited. complies fully with the DBS Code of Practice and undertakes to treat all applicants for positions fairly. Beacon Health Group Limited. undertakes not to discriminate unfairly against any subject of a Disclosure on the basis of conviction or other information revealed.
- Beacon Health Group Limited. is committed to the fair treatment of its staff, potential staff or users of its services, regardless of race, gender, religion, sexual orientation, responsibilities for dependants, age, physical/mental disability or offending background.
- Beacon Health Group Limited has a written policy on the recruitment of ex-offenders, which is made available to all Disclosure applicants at the outset of the recruitment process.
- We actively promote equality of opportunity for all with the right mix of talent, skills and potential and welcome applications from a wide range of candidates, including those with criminal records. We select all candidates for interview based on their skills, qualifications and experience.
- A Disclosure is requested after a thorough risk assessment has indicated that one is both proportionate and relevant to the position concerned. For those positions where a Disclosure is required, all application forms, job adverts and recruitment briefs will contain a statement that a Disclosure will be requested in the event of the individual being offered the position.
- Where a Disclosure is to form part of the recruitment process, we encourage all applicants called for interview to provide details of their criminal record at an early stage in the application process. We request that this information is sent under separate, confidential cover, to a designated person within Beacon Health Group Limited. and we guarantee that this information is only seen by those who need to see it as part of the recruitment process.
- The nature of all positions within Beacon Health Group Limited. allows us to ask questions about your entire criminal record. This covers any offences committed as a juvenile and includes cautions, reprimands and final warnings administered by the Police.
- We ensure that all those in Beacon Health Group Limited. who are involved in the recruitment process have been suitable trained to identify and assess the relevance and circumstances of offences. We also ensure that they have received appropriate guidance and training in the relevant legislation relating to the employment of ex-offenders, e.g. the Rehabilitation of Offenders Act 1924.
- At interview, or in a separate discussion, we ensure that an open and measured discussion takes place on the subject of any offences or other matters that may be relevant to the position. Failure to reveal information that is directly relevant to the position sought could lead to withdrawal of an offer of employment.
- We make every subject of a DBS check aware of the existence of the DBS Code of Practice and make a copy available on request.
- We undertake to discuss any matter revealed in a Disclosure with the person seeking the position before withdrawing a conditional offer of employment.

On the 29 May 2013, legislation came into force that allows certain old and minor cautions and convictions to no longer be subject to disclosure.

- **In addition, employers will no longer be able to take an individual's old and minor cautions and convictions into account when making decisions.**
- **All cautions and convictions for specified serious violent and sexual offences, and other specified offences of relevance for posts concerned with safeguarding children and vulnerable adults, will remain subject to disclosure. In addition, all convictions resulting in a custodial sentence, whether or not suspended, will remain subject to disclosure, as will all convictions where an individual has more than one conviction recorded.**

Having a criminal record will not necessarily bar you from working for Beacon Health Group Limited. This will depend on the nature of the position and the circumstances and background of your offences.

If you are unsure about whether you need to tell us about any previous offence, please Contact the Administrative Director so that we can discuss and consider the information.

Availability Checklist Form – Beacon Health Group Limited.

Please tick which days and times you are available for work. For instance, if you can work Tuesdays between 1100-1400, put a tick in the Available box under Tuesday for the row 1100-1400.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Available <input type="checkbox"/>	Available <input type="checkbox"/>	Available <input type="checkbox"/>	Available <input type="checkbox"/>	Available <input type="checkbox"/>	Available <input type="checkbox"/>	Available <input type="checkbox"/>	0700-1100 A
vailable <input type="checkbox"/>	vailable <input type="checkbox"/>	vailable <input type="checkbox"/>	vailable <input type="checkbox"/>	vailable <input type="checkbox"/>	vailable <input type="checkbox"/>	vailable <input type="checkbox"/>	1100-1400 A
vailable <input type="checkbox"/>	vailable <input type="checkbox"/>	vailable <input type="checkbox"/>	vailable <input type="checkbox"/>	vailable <input type="checkbox"/>	vailable <input type="checkbox"/>	vailable <input type="checkbox"/>	1500-1800 A
vailable <input type="checkbox"/>	vailable <input type="checkbox"/>	vailable <input type="checkbox"/>	vailable <input type="checkbox"/>	vailable <input type="checkbox"/>	vailable <input type="checkbox"/>	vailable <input type="checkbox"/>	1800-2200

HEALTH DECLARATION FORM - CONFIDENTIAL

- The purpose of this form is to exclude, if possible, the need for a full medical examination. For some occupations, however, a medical examination is always required. If an examination is considered to be necessary, arrangements will be made with you.
- The information given will be treated as confidential.
- If you find difficulty in completing any part of the questionnaire, advice will be available by contacting the Administrative Director at the office between 9am to 5pm Monday to Friday (Tel: 07891620739).
- If you require additional space for any of the questions, please attach a separate sheet to this form clearly marking the question to which the additional information applies.

WHEN COMPLETED, THIS FORM MUST BE RETURNED IN THE ENVELOPE PROVIDED ONLY TO THE REGISTERED MANAGER OR ADMINISTRATIVE DIRECTOR AT THE OFFICE.

Name:	Date:
Address:	Date of Birth:
	Tel. (incl. code):
	Marital Status:
Post Ref.:	Post Title:
GP Name:	
GP Address:	Tel. (incl. code):
Your Present or Last Employer, School or College if not previously employed:	
Address:	Tel. (incl. code):

CONFIDENTIAL – GIVE PARTICULARS AND DATES

1) What illnesses have you had?	
2) What injuries have you had?	

3) Have you had any operations? If so, please state:			
Nature of operations			
Hospital			
Year			
4) Apart from the above, have you ever been admitted to hospital? If so, please state:			
Reason			
Hospital			
Year			
Name of Doctor (if known)			
5) Have you ever attended hospital as an outpatient? If so, please state:			
Reason			
Hospital			
Year			
Name of doctor (if known)			
6) During the last five (5) years:			
How many times have you been absent from work/school for medical reasons?			
What were the medical reasons for the absences?			
What was the longest period of absence?			
7) Have you ever suffered or are suffering from any of the following? Please provide dates.			
TB or chronic chest of any lung disease		Jaundice	
Asthma, eczema or hay-fever		Kidney disease or water trouble	
Rheumatism or arthritis		Blackouts, giddiness or fits	
Skin disease		Back-ache, sciatica or slipped disc	
Diabetes		Headaches	
Heart disease		Varicose veins	
High blood pressure		Hernia	
Chronic indigestion or bowel trouble		Menstrual problems	
Myalgic encephalomyelitis		Chronic fatigue syndrome	
Post viral disorders		Cancerous illnesses	
Hepatitis (<i>please state which</i>)		Thyroid gland disorder	
Bladder complaints		Stomach complaints	
Gall bladder problems		Foot or hand problems	
Epilepsy		Depression	
Allergy or sensitivity		Deafness	
Other ear problems		Other psychotic illness/mental	
Migraine		Nervous tension/debility	
Other syndromes			
8) Have you ever suffered from any other serious illness? If so, please state:			
Nature of illness		Name of doctor if known	
Year		Where treated	

9) Sensory information:				
Is your vision normal?	YES			NO
Do you wear spectacles/contact lenses? Please specify.	YES	SPECTACLES		NO
		CONTACTS		
Is your hearing normal?	YES			NO
Do you wear a hearing aid?	YES			NO
10) Build:				
What is your height?	What is your weight?			
11) Have you received medical treatment during the past five (5) years? If so, please state:				
Nature of illness	Where treated			
Year	Name of doctor (if known)			
12) When were you last treated by a doctor?				
Date	Where treated?			
For what reason?	Name of doctor (if known)			
13) Have you ever been tested for H.I.V? Please tick as appropriate.		What was the result if tested?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/>		
14) Are you at present receiving medical treatment?				
Condition being treated				
Nature of treatment				
15) Have you been immunised against				
a. Tuberculosis		YES		NO
If NO, have you had a relevant test?		YES		NO
If YES, please state result:		Positive		Negative
Place of test:				
b. Tetanus	YES <input type="checkbox"/>	NO <input type="checkbox"/>	c. Poliomyelitis	YES <input type="checkbox"/> NO <input type="checkbox"/>
Place of test:		Place of test:		
d. Hepatitis B	YES <input type="checkbox"/>	NO <input type="checkbox"/>	a. Poliomyelitis	YES <input type="checkbox"/> NO <input type="checkbox"/>
Place of test:				
16a.) Have you any present handicap or disability arising from condition or injury previously mentioned?		YES		NO
If YES, please give details:				
16b.) Do you suffer from any disease or disability not previously mentioned?		YES		NO
If YES, please give details:				
17) Do you feel you have a medical condition that prevents you working nights?		YES		NO
If YES, please give details:				
18) Have you had a blood test for German measles?		YES		NO
If you have been, where was this done?				

What was the result?	IMMUNE <input type="checkbox"/>	NON-IMMUNE <input type="checkbox"/>	Have you been immunised against German measles?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you have been, where was this done?					
a. If you do not know whether you are immune to German measles, would you be willing to have a blood test?	YES		NO		
b. If you are not immune, would you wish to be immunised?	YES		NO		
19) Do you drink alcohol?	YES		NO		
If YES, can you state your average weekly consumption?	Number of UNITS				
20a.) Do you smoke?	YES		NO		
If YES, how much do you smoke daily?	Number of CIGARETTES				
20b.) Have you ever smoked?	YES		NO		
If YES, when did you give up?	DATE:				

DECLARATION

I declare that the above statements are true and correct to the best of my knowledge and belief, and that I have not withheld any material facts which may have any bearing as to the state of my health. If it is necessary to communicate with my own doctor or any other doctor who has attended me, I authorise him/her to reply to any enquiry concerning my health or medical history. I also authorise, if required, an appointed representative of Beacon Health Group Limited., to communicate with any previous employer regarding my sickness record.

Signed:

Date:

OFFICE USE ONLY

Submitted:	Received: <input type="checkbox"/>	Date:	Recorded: <input type="checkbox"/>	Date:	Secured: <input type="checkbox"/>	Date:
The undersigned asserts that the confidentiality of this form is upheld, that no persons or organisation(s) aside from those authorised, have access, whether electronic or physical to this form.						
Signed:		Date:	Print name :			
Position in company:						

Equal Opportunities Recruitment Monitoring Form – Strictly Confidential

Please select the boxes which are relevant to you

Please select what you consider your ethnic origin to be. Ethnicity is distinct from nationality

Asian/Asian British	Black/African/Caribbean/ Black British	Mixed/multiple ethnic groups	White
<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black/African/Caribbean background	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed/multiple ethnic background	<input type="checkbox"/> English <input type="checkbox"/> Northern Irish <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy/Irish traveller <input type="checkbox"/> Any other White background
Mixed/multiple ethnic groups <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed/multiple ethnic background	<input type="checkbox"/> Rather not say		

Age

- | | | | |
|---|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> 10 - 14 | <input type="checkbox"/> 15 - 19 | <input type="checkbox"/> 20 - 24 | <input type="checkbox"/> 25 - 34 |
| <input type="checkbox"/> 35 - 44 | <input type="checkbox"/> 45 - 54 | <input type="checkbox"/> 55 - 64 | <input type="checkbox"/> 65+ |
| <input type="checkbox"/> Rather not say | | | |

Sex

- Male (M)
 Female (F)
 Rather not say

Sexual orientation

- Heterosexual
 Lesbian
 Other
 Gay man
 Rather not say

Gender re-assignment

Have you gone through any part of a process (including thoughts or actions) to change from the sex you were described as at birth to the gender you identify with, or do you intend to? (This could include changing your name, wearing different clothes taking hormones or having any gender reassignment surgery).

- Yes
 No
 Rather not say

Religion / belief

- No religion Buddhist Christian Hindu Jewish
 Muslim Sikh Atheist Any other religion
 Rather not say

Disability

The Disability Discrimination Act 1995 (DDA) defines a person as disabled if they have a physical or mental impairment which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on one's ability to carry out normal day-to-day activities. This definition includes conditions such as cancer, HIV, mental illness and learning disabilities.

Do you consider yourself to have a disability according to the above definition?

Yes, limited a lot Yes, limited a little No Rather not say

If you selected yes, please indicate your disability:

- Vision (e.g. blindness or partial sight)
- Hearing (e.g. deafness or partial hearing)
- Mobility (e.g. difficulty walking short distances, climbing stairs, lifting and carrying)
- Learning, concentrating or remembering
- Mental health
- Stamina or breathing difficulty
- Social or behavioural issues (e.g. neuro diverse conditions such as Autism, Attention Deficit Disorder or Asperger's Syndrome)
- Other impairment
- Prefer not to say

Carer responsibility

Do you look after, or give any help or support to family members, friends, neighbours or others because of either:

- Long-term physical or mental ill-health / disability
- Problems related to old age

Yes
 No
 Rather not say

If you selected yes, please indicate your caring responsibility (select all that apply)

- Primary carer of a child/children (under 18) Primary carer of disabled child/children
- Primary carer of disabled adult (18 and over) Primary carer of older person (65+)
- Secondary carer
- Rather not say