

COMPETENCY ASSESSMENT QUESTIONNAIRE (Interview)

Name: M iss	Phone:
Post code:	
Do you have right to work in the	e UK? ☐ Yes ☐ NO
What is your availability of work	? Days and Timings _{of working}
PLEASE A	NSWER THE FOLLOWING QUESTIONS
Q.1: what would you do immediately	y if your service user is not responding?
☐ Call the office ☐ call a friend for	or advice 🔲 call 999
Q.2: What of the following are the ty	/pes of abuse?
☐ Protection ☐ Care ☐ Emotio	nal abuse and Physical Abuse
Q.3: Where would you record service	e user's daily report?
☐ In my Diary ☐ No need to red	cord In Daily Logs
Q.4: What is Dementia?	
☐ Body Itching ☐ Feet Swelling	Memory Loss
Q.5: what would you do if service us	er refuses to have medication?
☐ Bin the medication ☐Force th	e service user Inform office
Q.6: what causes infection?	
☐ Cleanliness ☐ working with g	loves Dirty Hands
Q.7: what would you do if service us	er refuses to have medication?
☐ Bin the medication ☐Force th	e service user
Q.8: Which part of your body is most	t likely to be injured if you lift a heavy load?
☐ Knees ☐ Feet ☐ Shoulder	s 🗖 Back
Q.9: Which of the following could be	sign of neglect?
Caring Feeding with spoor	Good health Poor personal hygiene
Q.10: Can you put service user's pict	ure on social media?
☐ Yes ☐ No	

What previous experience do you have in health and social care/ adult or child care?		
Please define your skills/ attributes/qualities?		
What trainings/qualification do you have in health and social care?		
☐ QCF Level 1 ☐ QCF Level 2 ☐ QCF Level 5 ☐ None		
Any other Trainings, qualifications or Education:		
Why do you want to be a Care Assistant?		
For office use only:		
Total correct Questions: 10/ 10		
Reason for shorlisted: Qualified Competent Trained Experienced Skilled		
□ Multilingual □ lives in the required area □ meets client's cultural need or religion needs		
Any other reason:		
Reason for rejection:		
HR Name: Date:		