

THIS FORM MUST BE COMPLETED IN ACCORDANCE WITH THE RECRUITMENT AND SELECTION CODE OF PRACTICE

LEEDS CITY COUNCIL DEPARTMENT OF SOCIAL SERVICES			EMPLOYEE SPECIFICATION / SHORTLISTING / INTERVIEW ASSESSMENT FORM				
Post Designation: SOCIAL WORKER (Child Health & Disability Team)	Post Ref: FC1001	Grade: SW	Substantive				
Applicants Name:		Immigration Documentation Checked: YES / NO Comments:		Certificate of Qualification (if applicable) Checked: YES / NO Comments:			
SELECTION CRITERIA To be detailed under each heading as appropriate, identified as Essential or Desirable. The method(s) of assessment should be indicated, e.g. interview / application form, test.	SHORTLISTING ASSESSMENT From the criteria which can be assessed from the application form and/or pre-selection tests, you should indicate whether the candidate meets the criteria. * M of A = Method of Assessment			INTERVIEW ASSESSMENT & COMMENTS A = Fully meets specification with no doubts B = Matches specification fairly well with weaknesses in a few aspects. C = Matches specification in some respects but some important weaknesses. D = Does not meet specification.			
SELECTION CRITERIA	ESS	DES	M OF A	MEETS CRITERIA		COMMENTS	A - D RATING
				YES	NO		
SKILLS							
Ability to use a range of social work interventions	E						
Ability to pass information effectively, accurately and concisely between service users, carers, colleagues and other agencies.	E						
Ability to develop, implement and co-ordinate care plans.	E						
Ability to co-ordinate routine meetings.	E						
Ability to develop constructive working relationships with other services and agencies and to work as a member of a team.	E						
Ability to plan, evaluate and prioritise work with users.	E						

Ability to determine the needs of and work with individuals and groups, including children and families.	E						
Ability to maintain accurate records, assessment reports and follow administrative procedures	E						
Ability to travel throughout the Leeds City Council Area	E						

SELECTION CRITERIA		DES	M OF A	MEETS CRITERIA		COMMENTS	A - D RATING
				YES	NO		
EXPERIENCE							
Of direct social care work.	E						
Of working with other agencies.	E						
Of delivering services in the community.	E						
Of using supervision effectively	E						
Child protection work		D					
Of undertaking assessments and formulating care plans.		D					
Of working with a range of user groups.		D					
Of using social work skills in a creative and		D					

flexible manner.							
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SELECTION CRITERIA	ESS	DES	M OF A	MEETS CRITERIA		COMMENTS	A - D RATING
				YES	NO		
KNOWLEDGE							
CQSW / DipSw, or equivalent	E						
Approved Social Worker status, or willingness to undertake appropriate training if required.	E						
Of relevant legislation, including Children Act & Community care Act.	E						
Understanding of the role of other agencies / professionals.	E						
Of recent developments in practice.	E						
Of the needs of service users from a wide range of backgrounds.	E						
Knowledge of recent developments in social work practice.		D					
Knowledge of Departmental policies and procedures.		D					
Knowledge of the range of services available to users and carers.		D					
Of Hospital based Social Work practice.		D					
SELECTION CRITERIA	ESS	DES	M OF A	MEETS CRITERIA		COMMENTS	A - D

				YES	NO		RATING
BEHAVIOURAL AND OTHER JOB RELATED CHARACTERISTICS							
Ability to understand and observe the Council Equal Opportunities and Health and Safety Policies.	E						
To carry out all duties having regard to an employee's responsibility under the Council's Health & Safety Policies.	E						
Willingness to actively participate in training and development activities to ensure up to date knowledge and skills.	E						
Registered with or in the process of registering with the General Social Care Council	E						
Knowledge of the problems of disadvantaged groups.		D					

<p>SHORTLISTING DECISION</p> <p>Were Random Numbers Used? Yes / No</p> <p>Pre- Selection Test Used? Yes / No</p> <p>What Type</p>	<p>PANEL MEMBERS:-</p> <p>NAMES</p> <p>.....</p> <p>.....</p> <hr/> <p>CHAIR OF INTERVIEW PANEL:</p> <p>SIGNATURE</p> <p>NAME</p>
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OVERALL COMMENTS IN SUPPORT OF DECISION AS APPROPRIATE FOR NON-SHORTLISTING, NON-APPOINTMENT OR APPOINTMENT