

Nurses, Care Assistant/ Support Worker Application Form



Please return the completed application form to:

Arca Health Limited also trading as Arca Healthcare Limited Unit 16, Direct 2, Industrial Park, Roway Lane Oldbury B69

Alternatively, email form to: recruitment@arcahealth.co.uk



1. Personal Information Surname: Gudo Title:_{Mr} Forename: Ngoni Address: Flat 21 Tristan Court Photo I.D Postcode: HA02FJ Town/City: Wembley (for office use ONLY) Phone No: 07411229392 Email: ngonigudo@live.co.uk Mobile No: 07411229392 Nationality: British Ciziten Date of Birth: 21/09/1993 National Insurance No Do you drive? (Y/N) № Do you own a car? (Y/N) 2. Application Information Date Available: 3rd Nov Desired Salary: N/A Position Applied For? IT Manager Preferred Location of Work? Home Availability (Tick those that apply) Full Time: 🗵 Weekends Only: □ Ad Hoc: Work Permit: □ Student Visa: Unrestricted: **Working Status** х Do you have a criminal record? Х If yes, explain: Yes No х Are you a UK citizen? If not, can you work in the UK? Yes No Yes No Is your Manual Handling Yes 🔲 No ☐ If Yes, date of expiry: Training up to date? 3. Occupational Health Screening History Name of trust or hospital that gave your most recent screening: Date of most recent screening: N/A GP Address: N/A **GP Contact Number:** Were the results in anyway abnormal? N/A If the results were abnormal, please provide details in the space below: N/A



	4. Immu	ınisations Re	cords			
Please tick the appropriate option. You will need to provide proof of any clean checks.						
Нер В	Varicella	Rubella	ТВ	Hep C		
			Clean			
Clean Check \square	Clean Check Clean C	heck 🗆		Clean Check		
Ni do		Nicolo	Check	No. a de		
Needs	Had Virus	Needs	□ Scar □	Needs		
Immunisation		Immunisation		Immunisation		
	5. Prese	nt Employme	nt			
Name of Employer:						
Address:			Postco	ode:		
Position Title:						
Date of Appointment:	S	alary:				
Department/Section:						
Brief description of duties:						
	6. Previo	us Employme	ent			
Name of Employer: McC		•				
Address: Communications House, Highlands Rd, Shirley, Solihull B90 4WE Postcode: B904WE			code: B904WE			
Position Held: Freelance Project Manager						
summary of duties:	- · · · · · · · · · · · · · · · · · · ·					
Lead end-to-end planning and delivery of integrated campaigns						
 Develop detailed project scopes and project timelines to ensure clarity from brief to delivery Work closely with Creative, Strategy and Production teams to manage asset development and approvals 						
	ivery documentation including	status reports, risk logs	, asset trackers and bud	lget visibility		
Reason for leaving:						
Contract ended						



7. References				
Reference 1		Reference 2		
Name	Mark Kinsey	Name Natelie Pickering		
Position (job title)	Senior Project MAnager	Position (job title)Creative Operations Lead		
Work		Work		
Relationship	Line Manager	Relationship In-direct Line Manager		
Organisation McCann		Organisation Ogilvy		
Address		Address		
	Communications House, Highlands Rd, Shirley, Solihull	N/A		
Postcode B90 4WE		Postcode N/A		
<u>Telephone No</u>		Telephone No		
E-mail	mark.kinsey@	E-mail natswoodley@yahoo.co.uk		

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first: College or University Course Qualification/Grades



9. Professional Qualifications **Professional Qualifications Course Details**



10. Training and development

Please give details of any training and development courses or non-qualifications courses which <u>support</u> your application. <u>Include any on the job training as well</u> as formal courses.

Title of Training programme or Course	Duration of Course



11. Health Check

Successful applicants will be required to complete a detailed medical questionnaire and may be required to attend a medical examination prior to being appointed.

Number of days sickness absence in the last 2 years:		
Please state number of occasions in the last 2 years:		
Do you or have you had any problem with the under noted? If yes, please give details on a separate Sheet.	Yes	No
Nervous or psychiatric illness		
Tonsillitis / sinusitis/ ear infection		
Asthma/ hay fever/pleurisy /chest infections		
Tuberculosis		
Heart/Circulation/ High Blood Pressure		
Bladder/ Kidney Problems		
Blackouts/ Epilepsy/ giddiness		
Skin rashes/ allergies to food or drugs		
Thyroid /debates/other glandular illness		
Gastro-intestinal / jaundice		
Migraine / headache / varicose veins/ painful periods		
Genitourinary symptoms, disorders or diseases		
Hernia		
Do you have any persistent coughs?		
Immune- deficiency symptoms e.g. HIV positive diseases or disorders		
Stress related disorders or diseases		
Haematological symptoms, disorders or diseases		
Have you ever attended hospital anytime		
Are you receiving any medical treatment		
Have you ever left employment for health reasons		
Have you ever had chicken pox or shingles?		
Date, if yes?		



12. Personal Declaration

I hereby confirm that the information provided on my application is correct and true to the best of my knowledge and that I have not withheld any information that should be considered when offering me work.

I understand that providing false/inaccurate information may result in the termination of employment.

I agree that I will endeavour to make myself aware of the Health & Safety procedures for each client I am assigned to.

I understand my C.V and personal information will be shared with potential employers. I give full permission to store my information and distribute it to potential companies and individuals deemed necessary by Progressive Active Recruitment.

Information contained within this document is governed by the Data Protection Act 1998, in line with the Equality Act 2010. Disclosure of Information is only with your informed consent. Recommendations to your employer will be directed to essential information regarding your health and the hazards and risks of your employment and with due reference to other relevant statutory requirements and professional practice.

Signature:	Date:

13. Personal Statement

(Optional) Please use this section to explain in detail how you meet the requirements of the Employee Profile (abilities, skills, knowledge and experience). If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.