

# Arca Health Application Form



**Arca Healthcare Ltd**  
**Unit 16**  
**Direct 2 Industrial Park**  
**Roway Lane**  
**Oldbury**  
**B69 3ES**  
**Enquiries: [Info@arcahealth.co.uk](mailto:Info@arcahealth.co.uk).**

Please complete this form in block capitals			
<b>Position applied for:</b>		<b>Job Ref</b>	
<b>Section A: Personal Details</b>			
<b>Title (Mr./Ms./Mrs./other:</b>		<b>Forename:</b>	
<b>Surname:</b>		<b>Middle name (s)</b>	
<b>Have you ever changed your name?</b>			
<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
<b>If yes, previous surname:</b>		<b>Previous forename:</b>	
<b>When did you use this name until?</b>	<b>Month:</b>	<b>Year:</b>	
<b>Current Address:</b>			
<b>Postcode</b>			
<b>When did you move in at this address?</b>			
<b>Month:</b>		<b>Year:</b>	
<b>If less than 5 years, please give previous address (es)</b>			
<b>Address 2:</b>			
<b>Postcode:</b>			
<b>Address 3:</b>			
<b>Postcode:</b>			
<b>National Insurance No:</b>			
<b>Mobile:</b>		<b>Mobile (work):</b>	
<b>Email Address:</b>			

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Date of Birth:		Nationality:	
Has your nationality changed since birth?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, what was your nationality at birth?			
<b>Do you hold a current UK driving license?</b>			
Do you hold a current UK driving license?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Valid from:		Expiry date:	
Details of endorsements (if none, please don't N/A)			
Have you ever been disqualified from driving, or had insurance refused?			
If yes, please provide brief details:			
Do you have current right to work in the UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Section B: Criminal Record Certificates</b>			
Details of any criminal endorsements (if none, please insert N/A)			
<p>If the position you are applying for (whether paid or voluntary) is listed in schedule 1, Part II of the Rehabilitation of Offenders Act (Exceptions) Order 1975, we are entitled to ask exempted questions as defined by section 113 (5) of The Police Act 1997 about you. From July 2002 we are required by the Domiciliary Care Agencies Regulations 2002 to acquire a Criminal Record Certificate in relation to any person who is a Care Manager or Domiciliary Care Worker. This means that if your application is successful, we will obtain from the Criminal Records Bureau a Criminal Record Certificate relating to you before your appointment is confirmed. Having a criminal record will not necessarily bar you from working with us. This will depend upon the nature of the position and the circumstances and background of your offences. We observe the "Code of Practice for Registered Persons and Other Recipients of Disclosure Information" published by the Criminal Records Bureau of the Home Office, and we will provide you with a copy of it upon request.</p>			
<b>Section C: Languages</b>			
Proficiency in English (tick one)	Beginner <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>
			Native <input type="checkbox"/>
Other Languages			

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Section D: Education & Training				
Date in education		School/College/ University/Training Courses Providers	Qualifications gained (if not enough space please create another document and list out your additional qualifications)	
From	To			
Section E: Employment History				
Date		Name & address of employer	Job Title	Reason for leaving
From	To			
<b>Please provide reasons for any gaps in the employment:</b>				

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Section F: Immunisations Records									
Please tick the appropriate option. You will need to provide proof of any clean checks.									
Hep B		Varicella		Rubella		TB		Hep C	
Clean Check	<input type="checkbox"/>	Clean Check	<input type="checkbox"/>	Clean Check	<input type="checkbox"/>	Clean Check	<input type="checkbox"/>	Clean Check	<input type="checkbox"/>
Need Immunisation	<input type="checkbox"/>	Need Immunisation	<input type="checkbox"/>	Need Immunisation	<input type="checkbox"/>	Need Immunisation	<input type="checkbox"/>	Need Immunisation	<input type="checkbox"/>
Section G: 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.									
Days of sicknesses absence in the last 2 years:									
Please state number of occasions in the last 2 years:									
Do you or had any problem with any of the conditions listed below? If yes please provide extra details on a new blank piece of paper						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									
Hematological 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?									

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Section H: Flexibility			
Availability (tick one)	Full time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Shifts <input type="checkbox"/>
If part time, indicate the no. of preferred hours per week:			
Available to take up employment from:			
Please provide details of any outstanding holidays to be taken:			
Section I: References			
Please provide details of 2 referees who we may approach with regards to this job application. These referees must not be members of your family, and one must be your previous employer:			
Reference 1		Reference 2	
Name:		Name:	
Occupation:		Occupation:	
Relationship:		Relationship:	
Contact no:		Contact no:	
Email:		Email:	
<p><b>Any person, upon subsequent employment, that is found to have knowingly supplied false or misleading information, or has deliberately withheld relevant information, will be summarily dismissed.</b></p>			
<p>I have read and understand the information supplied to me in relation to this job position, and the information requested in this job application form. I confirm that all information supplied by me is true and correct to the best of my beliefs.</p> <p>I give prospective employer the right to follow up all references and to make any other job-related enquiries as may be deemed necessary.</p>			
Signature: (Initials)		Date:	
<p><b>We are equal opportunities employer. The sole criterion for selection of applicants will be suitability for the job person, regardless of age, gender, gender orientation, background, culture, ethnic denomination, religious affiliation, marital status, or disability. This is accordance with our declared Equal Opportunities &amp; Diversity Policy. All information collected and processed by Trust In Care is in line with companies <i>Data Protection Policy</i>.</b></p>			