



The Police Treatment Centres

Application for Admission Physiotherapy – IN-PATIENT

PART 1 – To be completed by the applicant *(Please print in BLACK ink):*

Surname: Forenames:

(Preferred Name:)

Any previous names *(e.g. change of name on marriage):*

Surname: Forenames:

Date of Birth:

.....

Gender *(please circle):*

M / F

Current police force, or if retired, previous force:

For Scotland please show pre-cursor Force area (e.g. Police Scotland – Tayside)

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Date Joined:

Collar Number:

Please tick the box that reflects your role.

Serving Police Officer PCSO Special Constable Detention/Custody Officer

Other Please Specify

Retired Officer

Date Retired / Due to Retire:

Reason for Retirement:

Police Pension Number:

Address:

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Post Code:

Contact Details:

Home Telephone:

Mobile Telephone:

Other telephone (state):

Email 1:

Email 2:

Preferred contact method:

Next of Kin – Name & Relationship:	Next of Kin – Contact Details:
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Weight:	Height:
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Admission Preference (please tick): **EITHER** **Castlebrae, Auchterarder** **St Andrews, Harrogate**
NOTE: By selecting **EITHER** it will ensure you receive treatment as quickly as possible by directing your application to the centre with the earliest availability.

Any specific accommodation requirements: (e.g. Hearing impaired re fire alarms etc):

Any special dietary requirements: (e.g. allergies or intolerances):

Dates to Avoid (please include all leave/holiday, Court, or other known commitments for the next sixteen (16) weeks):

Can you attend at short notice (e.g. one week's notice)	YES / NO	Serving Officers: Do you intend to stay at the Centre over the weekend? <i>If yes we may be able to offer Bed and Breakfast for your partner. See PTC website for details.</i>	YES / NO
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Retired Officers: Do you intend to stay Sunday to Friday? OR Sunday to Sunday?
N.B. Treatment is only provided on Mondays to Fridays.

SGPCT: Do you currently donate to the St Georges Police Children Trust: **YES / NO**
 I am happy for the SGPCT to have my email address in order to be kept up to date with the latest news and events. If you do wish to receive these updates please tick the box.

Have you previously served in HM Armed Forces? – If so, UNIT:
 Army Royal Air Force Royal Marines Royal Navy

PART 2 – To be completed by the applicant

Please indicate which of the following applies to you:

At work On recuperative / restricted duties On sick leave

Other (specify):

Describe your condition that requires physiotherapy and how and when it occurred: (e.g. accident/event at work/post-operative/long-term illness):

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If you are applying regarding a specific injury, how did this occur? On-Duty Off-Duty

What treatment have you already had for this condition?
(e.g. medication/operation/physiotherapy/osteopath/chiropractor. If available please bring with you any treatment protocols or guidelines, X-rays/MRI scans/reports that may be of benefit to our Physiotherapists e.g. ACL protocols, weight bearing status). Please include relevant dates and results of any investigations or scans.

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Is your condition improving/getting worse/staying the same/other? (please describe):

What benefit do you hope to gain from your admission to a Treatment Centre?:

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Have you attended the PTC before? YES / NO	If YES, when was your most recent attendance?
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If YES, was it with the same or similar condition or a different condition to be the one you have now?

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If the same condition, what was the outcome (e.g. Worse/no change/short term improvement/long term improvement) **and what further treatment have you had since your last admission?**

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If necessary: Companion (spouse/partner etc.):
Please complete the 'Application to be Accompanied by a Companion' Form and attach that form to this application.

Companions Full Name:
Relationship:

PART 3 – Personal Information:

Personal information which you supply to us may be used in a number of different ways, for example: To make admission and clinical decisions; for audit and statistical analysis; for fraud prevention.

- I have supplied my most recent pay slip and one from at least twelve months previously validating my regular donation to the PTC.
- I agree to include in any claim for damages pursued by me against the third party in respect of the accident resulting in my injury such sums as may be specified by The Police Treatment Centres as the costs of its provision of my treatment
- In order to provide the best possible levels of service, updates or other information I agree to the PTC contacting me using the details I have provided.
- I understand that all personal information on this form will be confidential to the professional and administrative staff of the PTC and no personal information or clinical reports will be shared without my express consent unless required to do so by law.
- I am happy for the PTC to have my email address in order to be kept up to date with the latest news and events. If you do wish to receive these updates please tick the box.

Signature: Date:

PART 4 - HIGHLY CONFIDENTIAL –

To be completed by the: Force Medical Officer; or Occupational Health Nurse; or Physiotherapist; or G.P; or Consultant.

Diagnosis: **Date of Diagnosis:**

Duration of symptoms:

Underlying conditions/relevant medical history including dates:

Ongoing investigation/treatment:

Nature/date of operations/scans/x-rays *(please list): (if available, please bring with you any treatment protocols or guidelines; X-rays / MRI scans/ reports that may be of benefit to our physiotherapists during your admission e.g. ACL rehab detail; weight bearing details in the case of lower limb fracture, shoulder injury; other rehab guidelines);*

Discharge date *(if applicable):*

Is the applicant also applying for a stress/psychological/psychiatric issue? If YES please complete an additional application form for Psychological Wellbeing.		YES / NO
Is Nursing assistance required with the 'Activities of Daily Living'?	YES / NO	If YES to any question, please complete the relevant section below.
Medication?	YES / NO	
Allergies or Infections?	YES / NO	
Limited Mobility or Risk of Falls?	YES / NO	
Does a companion need to attend to support you?	YES / NO	
Support: <i>please expand on the nature of support required by the applicant:</i>		
Medication:		
Allergies or Infections:		
Mobility and Access: <i>Can the applicant climb stairs/walk unaided? Please give distance. Is the applicant a wheelchair user? Full/partial or non-weight bearing? Expand fully on assistance level if needed on a daily basis and especially at risk from falling:</i>		
PART 5 - Signature of Force Medical Officer <u>or</u> Occupational Health Nurse <u>or</u> Physiotherapist <u>or</u> GP <u>or</u> Consultant.		
Certified by (signature):		
Print Name:	Date:	
Occupation:	Registration Number:	
Address:		
Post Code:		
Telephone Number:	Email:	

PART 6 - To be completed by Force representative / Police Federation Office :
(Please refer to part 6 of the application checklist)

The applicant is a regular donor to The Police Treatment Centres.

Please note: Treatment will not be provided free of charge if the applicant does not make the suggested donation to support the Charity.

Certified by (signature):

Print Name:

Date:

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Job Title:

Department:

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Telephone Number:

Email:

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Any other relevant information:

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Once all parts have been completed, please forward this application form to:

Admissions:

The Police Treatment Centres
St Andrews
Harlow Moor Road
Harrogate
North Yorkshire
HG2 0AD

Contact Details:

Telephone: 01423 504448

Fax: 01423 527543

Email: enquiries@thepolicetreatmentcentres.org

Website: www.thepolicetreatmentcentres.org

Application Checklist:

Please ensure that all items on the checklist have been enclosed or completed. Failure to do so may delay consideration of your application form and allocation of an admission date if, as a result, further enquiries have to be made about your application.

Tick	
	<p>PARTS 1, 2 AND 3: To be fully completed by you - the applicant</p> <p>Pay Slips: Two copies of your pay slips showing PTC donations; most recent and one from 12 months previously (if applicable).</p> <p>OR</p> <p>Direct Debit: You have been making regular donations via Direct Debit for 12months or longer.</p>
	<p>PARTS 4 AND 5: To be signed by Force Medical Officer <u>or</u> Occupational Health Nurse <u>or</u> Physiotherapist <u>or</u> G.P.</p>
	<p>PART 6: To be completed by Force representative / Police Federation Office.</p> <p>NB : The Federation are not required to complete section 6 of the form for the following Forces:</p> <p>BTP Cheshire Cumbria Derbyshire Durham Immigration Enforcement GMP Lancashire MOD North Yorkshire South Yorkshire West Yorkshire</p> <p>It also applies to Retired Officers, PCSOs, DCOs and COs</p>
	<p>Companion Application Form: If your personal circumstances require essential daily support to undertake the activities of daily living e.g. getting dressed: A completed Companion Application Form (if applicable) must be submitted along with the application for admission.</p>
	<p>Weekend Accommodation: If your admission for treatment is for two weeks, or you are a retired officer who is staying over the weekend, we <u>MAY</u> be able to provide accommodation at the Centre for your spouse/partner to join you and stay over the weekend as well.</p>

	<p>This accommodation is provided at a cost which can be found on the PTC Accommodation Application Form which is on our website.</p>
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This form must normally be submitted along with your application for admission. If accommodation is available we will contact you to confirm this and arrange for payment which is required before the spouse/partner attends.