



ST. MICHAEL'S LODGE /MERSEYSIDE FED

IMPORTANT - Please circle above which Centre you wish to attend

Part 1 - To be completed in full

Surname:		Forenames:		Office Use Only	
.....			Date received	
.....			Donation check	
Any previous names:		Forenames:		Date entered on system	
Surname:		Forenames:		Date @ Nurse	
.....			Date @ Physio	
Date of birth:		Gender (please circle):			
.....		M / F			
Current police force, or if retired, previous force:				1 st allocated	
.....				2 nd allocated	
.....				3 rd allocated	
Serving:		Support Staff		Retired	
Date joined:		Collar Number:			
If retired:					
Date of retirement:		Police Pension No:			
Address:			Contact details:		
.....			Home telephone:		
.....			Mobile telephone:		
.....			Other telephone (state):		
.....			Email 1:		
.....			Email 2:		
Post Code:					
.....					
Next of Kin – Name, relationship and contact details:			It is extremely important that you notify the centre as soon as possible if you are unable to attend your appointment. Failure to do so will result in you having to re-apply 01254 245571		
.....				
.....				
Dates to Avoid: (please include all leave/holiday, Court, or other known commitments):					
.....					
Legal Claims: Has the applicant any legal claims pending, or contemplated, in their current circumstance: YES / NO					
.....					
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.					
<input type="checkbox"/> I understand that all personal information on this form will be confidential to the professional and administrative staff of the NWPBF and no personal information or clinical reports will be shared without my express consent unless required to do so by law.					
<input type="checkbox"/> 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 North West Police Benevolent Fund as the costs of its provision of my treatment.					
<input type="checkbox"/> In order to provide the best possible levels of service, updates or other information I agree to the NWPBF contacting me using the details I have provided.					
Signature:				Date:	

Failure to complete any part of this form will result in the form being returned to you and your treatment delayed

PART 2 – To be completed in full - Please indicate which of the following applies to the applicant:

At work On recuperative/ On sick leave Other (specify)

restricted duties

Describe the applicant's condition and how it happened e.g. accident/event at work/post-operative/long-term illness/other: When did the symptoms start?

.....

.....

What treatment has the applicant already had for this condition e.g. medication/operation/physiotherapy: Is the applicant currently receiving Physiotherapy treatment? If so please state where

.....

.....

Physiotherapy: If available, please bring any treatment protocols or guidelines, X-rays / MRI scans / reports that may be of benefit to our physiotherapists during your stay i.e. ACL rehab details, weight bearing details in the case of lower limb fracture, shoulder surgery rehab guidelines etc.

Has the applicant attended St. Michael's Lodge or Mather Avenue before?: **YES / NO**

If **YES**, when was the most recent attendance?

.....

If **YES**, was it with the same or similar condition / a different condition to the current condition?

.....

PART 3 – Signature of: Force Medical Officer or Occupational Health Nurse or Physiotherapist or G.P. (form must have been signed within the last 3 months)

Certified by (signature):..... Print name:.....

Job Title: Date:

Address: Post Code:

Tel No: Email:

PART 4 – To be completed by Force representative:

Please note: Treatment will not be provided free of charge if the applicant does not make the monthly donation to the charity.

The applicant is (or was, in the case of a retired officer) a regular donor to The North West Police Benevolent Fund.

Certified by (signature): Print name:

Date: Job Title: Department:

Tel No: Email:

Any other relevant information:

PLEASE RETURN FORM TO YOUR RELEVANT FORCE – ADDRESS BELOW

GMP	Merseyside	Lancashire	Cheshire
Progress House, Broadstone Hall Road South Reddish Stockport SK5 7DE	Federation Office Malvern House, 13 Green Lane Tuebrook Liverpool L13 7DT	Health Services Lancashire Constabulary PO Box 77, Hutton Preston PR4 5SB	Welfare Department Cheshire Constabulary Clemonds Hey, Oakmere Road Winsford, Cheshire CW7 2UA