

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):	и / F
Current police force, or if retired, previous force For Scotland please show pre-cursor Force area	·	<u>п / Г</u>
Date joined: Collar Number: .		
Date retired/due to retire: Reason for Retire	ment: Police Pension No	D:
Address:	Contact details:	
	Home telephone:	
	Mobile telephone:	
	Other telephone (state):	
	, , ,	
	Email 1:	
Post Code:	Email 2:	
	Preferred contact method:	
Next of Kin - Name & relationship:	Next of Kin - Contact Details:	
Admission Preference: (please tick): EITHER : Ca NOTE: By selecting EITHER it will ensure you receive treatme earliest availability	•	-
Any specific accommodation requirements: (e.g.	Hearing impaired re fire alarms, weight, height if ove	r 6 ft etc.):
Any special dietary requirements: (e.g. allergies or i	tolerances):	
Dates to Avoid: (please include all leave/holiday, Court, or	other known commitments for the next sixteen (16) w	reeks):
Can you attend at short notice?	Serving Officers:	
(e.g. one week's notice) YES / NO	Do you intend to stay at the Centre over the weeker If yes we may be able to offer Bed and Breakfast fo PTC website for details.	
Retired Officers: Do you intend to stay Sunday to Friday N.B. Treatment is only pro	☐: OR Sunday to Sunday? ☐: vided on Mondays to Fridays.	

SGPCT: Do you currently donate to the St Georges Police	e Children Trust: YES / NO			
Have you previously served in HM Armed Forces? – If	f so, UNIT:			
☐ Army ☐ Royal Air Force ☐ Royal Marines ☐ Ro	yal 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 a operative/long-term illness):	and how it occurred: (e.g. accident/event at work/post-			
If you are applying regarding a specific injury, how did	d this occur? On-duty Off-duty			
What treatment have you already had for this condition	on?			
(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.				
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?:			
Have you attended the PTC before? YES / NO	If YES, when was your most recent attendance?			
If VEO	liff			
If YES, was it with the same or similar condition or a condition o	imerent condition to be the one you have now?			
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?				
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 ways, i	3 - Personal Information: Personal information of the contract of the contra	mation which you isions; for audit a	u supply to u and statistic	us may be used in a number of different al analysis; for fraud prevention.
	I have supplied my most recent pay slip and one donation to the PTC.	e from at least si	x months p	reviously validating my regular
	I agree to include in any claim for damages presulting in my injury such sums as may be spe of my treatment			
	In order to provide the best possible levels contacting me using the details I have provided.		dates or o	ther information I agree to the PTC
	I understand that all personal information on the staff of the PTC and no personal information unless required to do so by law.			
Signa	ture:		Date:	
PART	4 - <u>HIGHLY CONFIDENTIAL</u> — To be completed by the: Force Medical or Physiotherapist; or G.P.	cal Officer; <u>or</u>	Occupation	onal Health Nurse;
Diagn	osis:		Date of I	Diagnosis:
Durati	on of symptoms:			
Under	lying conditions/relevant medical history	including dat	es:	
	,, g			
Ongo	ng investigation/treatment:			
Natur	aldata of an austicus la construcció (d	'- O- /'f 'I-1 I-	.1 1	21
guideli	e/date of operations/scans/x-rays (please lines; X-rays / MRI scans/ reports that may be of bedetail; weight bearing details in the case of lower	enefit to our phy limb fracture, sh	rsiotherapis oulder injur	's during your admission e.g. ACL y; other rehab guidelines);
				Discharge
date (if applicable):			21001141 90
-	applicant also applying for a stress/psycl		chiatric iss	sue? YES \Boxed NO \Boxed
	please complete an additional application form for			
	sing assistance required with ctivities of Daily Living'?	YES□	NO □	If YES to any question please
Medic	ation?	YES□	NO □	complete the relevant section
Allerg	ies or Infections?	YES□	NO □	below.
Limite	ed Mobility or Risk of Falls?	YES□	NO □	
	a companion need to attend to	YES□	NO \square	

Support: please expand on the nature of support required by	by the applicant:
Medication:	
Allergies or Infections:	
Mobility and Access: Can the applicant climb stairs/wall	k unaided? Please give distance. Is the applicant a wheelchair user?
	e level if needed on a daily basis and especially at risk from falling:
DART E Cignotium of Force Medical Office	ar ar Occupational Health Nurses or Dhysietherenist
or GP.	er <u>or</u> Occupational Health Nurse <u>or</u> Physiotherapist
<u>or</u> 01 .	
Certified by (signature):	Print name: Date:
	Print name: Date:
	Registration Number:
Occupation:	Registration Number:
Occupation: Address:	Registration Number:
Occupation: Address: Post Code:	Registration Number:
Occupation: Address: Post Code: Tel No:	Registration Number:
Occupation: Address: Post Code:	Registration Number:
Occupation: Address: Post Code: Tel No:	Registration Number:
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Once all parts have been completed, please forward this application form to:

<u>Admissions</u> The Police Treatment Centres St Andrews Harlow Moor Road Harrogate North Yorkshire HG2 0AD

Contact details:

Tel: 01423 504448 Fax: 01423 527543

Email: enquiries@thepolicetreatmentcentres.org Web: 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				
	PARTS 1, 2 AND 3:			
	To be fully completed by you - the applicant			
	Pay Slips:			
	Two copies of your pay slips showing PTC donations; most recent and one from between six and 12 months previously (if applicable).			
	Police Pension Statement:			
	Retired officers must supply their latest Police Pension statement.			
	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.			
	PART 6:			
	To be completed by Force representative / Police Federation Office:			
	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.			
	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.			
	This accommodation is provided at a cost which can be found on the PTC Accommodation Application Form which is on our website.			
	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.			