



The Police Treatment Centres Application for Admission Psychological Wellbeing – 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)

.....
Date joined: Collar Number:
Date retired/due to retire:..... Reason for Retirement: Police Pension No:

Address: 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:
---	---

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, weight, height if over 6 ft 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? YES/NO If yes we may be able to offer Bed and Breakfast for your partner. See PTC website for details.
--	--

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**

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).....

What is the nature of your condition which requires psychological support and what is the cause, if known? (e.g. date of onset etc):

.....
.....

What treatment have you already had for this condition?

(e.g. counselling, psychological input, medication).

.....
.....

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 YES, was it with the same or similar condition or a different 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:

Please complete the attached PHQ-9 and GAD-7 questionnaires to provide us with an assessment of your current level of needs. A Nurse will contact you to discuss your application further.

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 six 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.

Signature: **Date:**

**PART 4 - HIGHLY CONFIDENTIAL –
To be completed by the Force Medical Officer or Occupational Health Nurse or G.P.**

Diagnosis: **Date of Diagnosis:**

Duration of symptoms:

Underlying conditions/relevant medical history including dates:

Ongoing investigation/treatment:

Is the applicant also applying for Physiotherapy? YES NO
If YES please complete an additional application form for Physiotherapy treatment.

Is Nursing assistance required with the 'Activities of Daily Living'?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES to any question please complete the relevant section below.
Medication?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Allergies or Infections?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Limited Mobility or Risk of Falls?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Does a companion need to attend to support you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Support: *please expand on the nature of support required by the applicant:*

.....
.....
.....

Medication:

.....
.....
.....

Allergies or Infections:

.....
.....
.....

Mobility and Access: *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:*

.....
.....
.....

PART 5 - Signature of Force Medical Officer or Occupational Health Nurse or GP.

Certified by (signature): **Print name:** **Date:**

Occupation: **Registration Number:**

Address:.....
.....

Post Code:

Tel No: **Email:**

PART 6 - To be completed by Force representative / Police Federation Office :

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:**

Job Title: **Department:**

Tel No: **Email:**

Any other relevant information:

.....
.....

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:

Tel: 01423 504448
Fax: 01423 527543

Email: enquiries@thepolicetreatmentcentres.org

Web: www.thepolicetreatmentcentres.org

GAD - 7

Over the last 2 weeks, how often have you been bothered by the following problems? <i>(Use "✓" to indicate your answer)</i>	Not at all	Several Days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

(For office coding: Total Score T_____ = _____ + _____ + _____)

PATIENT HEALTH QUESTIONNAIRE- 9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by the following problems? <i>(Use "✓" to indicate your answer)</i>	Not at all	Several Days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling or staying asleep or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself –or that you are a failure or have let yourself or your family down.	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + + +

= Total Score

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 between six and 12 months previously (if applicable).</p> <p>Police Pension Statement: Retired officers must supply their latest Police Pension statement.</p>
	<p>PARTS 4 AND 5: To be signed by: Force Medical Office; <u>or</u> Occupational Health Nurse <u>or</u> G.P.</p>
	<p>PART 6: To be completed by Force representative / Police Federation Office:</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. 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.</p>