



# The Police Treatment Centres

## Application for Admission – IN-PATIENT

<b>PART 1 - To be completed by the applicant (Please print in BLACK ink):</b>	
<b>Surname:</b> ..... (Preferred Name: )	<b>Forenames:</b> .....
<b>Any previous names: (e.g. change of name on marriage):</b>	
<b>Surname:</b> .....	<b>Forenames:</b> .....
<b>Date of birth:</b> .....	<b>Gender (please circle):</b> <span style="float: right;">M / F</span>
<b>Current police force, or if retired, previous force:</b> <b>For Scotland please show pre-cursor Force area (e.g. Police Scotland – Tayside)</b> .....	
Date joined: ..... Collar Number: .....	
Date retired: ..... Police Pension No: .....	
<b>Address:</b> ..... ..... ..... ..... <b>Post Code:</b> .....	<b>Contact details:</b> Home telephone: ..... Mobile telephone: ..... Other telephone (state): ..... Email 1: ..... Email 2: ..... <b>Preferred contact method:</b> .....
<b>Next of Kin - Name &amp; relationship:</b> ..... .....	<b>Next of Kin - Contact Details:</b> ..... .....
<b>Admission Preference: (please tick):</b> St Andrews, Harrogate <input type="checkbox"/> : Castlebrae, Auchterarder <input type="checkbox"/> : <u>EITHER</u> <input type="checkbox"/> : <b>NOTE:</b> By selecting <u>EITHER</u> you may receive treatment sooner than by preferencing for a named Centre.	
<b>Any specific accommodation requirements: (e.g. Hearing impaired – re fire alarms; etc.):</b> Height (if over 6')..... Weight (if over 20 stone / 127 kg)..... Other: .....	
<b>Any special dietary requirements: (e.g. allergies or intolerances):</b> .....	
<b>Dates to Avoid: <u>Note:</u> We are open all Bank Holidays and only close over the Christmas and New Year period.</b> (please include all leave/holiday, Court, or other known commitments for the next twelve (12) weeks):	
<b>Can you attend at short notice?</b> (e.g. one week's notice) <span style="float: right;"><b>YES / NO</b></span>	<b>If more than one week's admission; or you are a retired officer; do you intend to stay at the Centre over the weekend? YES / NO</b> - (If YES – we <u>MAY</u> be able to offer spouse/partner accommodation – see the end <b>Note:</b> or the PTC website for details)
<b>Legal Claims:</b> Have you any legal claims pending, or contemplated (current treatment circumstances): <span style="float: right;"><b>YES / NO</b></span>	
<b>Have you previously served in HM Armed Forces? – If so, UNIT:</b> .....	
<input type="checkbox"/> Army <input type="checkbox"/> Royal Air Force <input type="checkbox"/> Royal Marines <input type="checkbox"/> 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 how your condition happened:** (e.g. *accident/event at work/post-operative/long-term illness*):

- On-duty**       **Off-duty**

**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 / 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*):

**PART 3 - HIGHLY CONFIDENTIAL –**

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

**Diagnosis:**

**Date of Diagnosis:**

**Duration of symptoms:**

**Underlying conditions/relevant medical history:**

**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);

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**Discharge date** (if applicable):.....

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

<b>Is physiotherapy required?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>Note:</b> If YES to any question please complete the relevant section of <b>PART 4</b>
<b>Stress/psychological/psychiatric issue?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>Medication/Infections/Allergies?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>Limited Mobility?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>Is Nursing assistance required with the 'Activities of Daily Living'?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>Does a companion need to attend to support you?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

**Stress/psychological/etc.:**  
Please state fully any treatment or risk factors (i.e. prescribed drugs, alcohol abuse, self-harm risk). **Please note:** there are **NO** psychiatric or counselling facilities at either Centre, therefore they are unsuitable for acute psychiatric illness.  
Is the applicant receiving, or has the applicant previously received, counselling/psychiatric support?

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**Medication/allergies/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 if at risk from falling:

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

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

**Companions Full Name:** .....

**Relationship:** .....

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

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

**Address:**.....  
.....

**Post Code:** .....

**Tel No: 1)** ..... **2)** .....

**Email:** .....

**PART 6 - 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 7 - To be completed by Force representative / Police Federation Office :**

The applicant is (or was, in the case of a retired officer) a regular donor to The Police Treatment Centres.

***Please note:*** *Treatment will not be provided free of charge if the applicant does not, or if retired did not, make the payroll giving donation to support the Charity.*

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

**Job Title:** ..... **Department:** .....

**Tel No:** ..... **Email:** .....

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:**

**Tel:** 01423 504448  
**Fax:** 01423 527543

**Email:** [enquiries@thepolicetreatmentcentres.org](mailto:enquiries@thepolicetreatmentcentres.org)

**Web:** [www.thepolicetreatmentcentres.org](http://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><b>PARTS 1 AND 2:</b> To be fully completed by you - the applicant</p>
	<p><b>PARTS 3, 4 AND 5:</b> To be signed by: Force Medical Officer; <u>or</u> Occupational Health Nurse; <u>or</u> Physiotherapist; <u>or</u> G.P.</p>
	<p><b>PART 6</b> To be signed by you (the applicant).</p> <p><b>Pay Slips:</b> Two copies of your pay slips showing PTC donations; most recent and one from between six and 12 months previously (if applicable).</p>
	<p><b>PART 7:</b> To be completed by Force representative / Police Federation Office:</p>
	<p><b>Companion Application Form:</b> 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><b>Weekend Accommodation:</b> 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>