



The Police Treatment Centres

Application for Admission – OUT-PATIENT

The completed form should be Faxed or Emailed to:

St Andrews, Harrogate Tel: 01423 504448 Fax: 01423 527543
Email: enquiries@thepolicetreatmentcentres.org

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: Police Pension No:

<p>Address:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Post Code:</p> <p>.....</p>	<p>Contact details:</p> <p>Home telephone:</p> <p>Mobile telephone:</p> <p>Other telephone (state):</p> <p>Email 1:</p> <p>Email 2:</p> <p>Preferred contact method:</p>
---	--

<p>Next of Kin - Name & relationship:</p> <p>.....</p> <p>.....</p>	<p>Next of Kin - Contact Details:</p> <p>.....</p> <p>.....</p>
--	--

Any specific personal requirements: (*e.g. Hearing impaired – re fire alarms; etc.*):
Height (if over 6')..... Weight (if over 20 stone / 127 kg)..... Other:

Dates to Avoid: *Note: We are open all Bank Holidays and only close over the Christmas and New Year period.*
(*please include all leave/holiday, Court, or other known commitments for the next twelve (12) weeks*):

Legal Claims: Have you any legal claims pending, or contemplated (current treatment circumstances): **YES / NO**

Have you previously served in HM Armed Forces? – If so state how:

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 (How?):.....

What treatment have you already had for this condition: e.g. medication/operation/physiotherapy/osteopath/chiropractor:

.....

.....

Physiotherapy: (if available, please bring with you any treatment protocols or guidelines; X-rays / MRI scans/ rep[orts 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);

Have you attended the PTC before?	If YES, when was your most recent attendance?
YES / NO	

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

Diagnosis:

.....

.....

Date of Diagnosis:

.....

.....

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

Address:.....

.....

Post Code:

Tel No: 1) **2)**

Email:

PART 4 - 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 5 - 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:

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 AND 2: To be fully completed by you - the applicant</p>
	<p>PARTS 3: 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 4: To be signed 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>PART 5: To be completed by Force representative / Police Federation Office:</p>