



The Police Treatment Centres

Application for Admission Remote Physiotherapy - OUT-PATIENT

Application Checklist:

Whilst completing the following application form, 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 12 months previously (if applicable).</p> <p>OR</p> <p>Direct Debit: You have been making regular donations via Direct Debit for 12months or longer</p>
	<p>PART 4: To be completed by Force representative / Police Federation Office/OHU:</p> <p>NB : The Federation are not required to complete section 4 of the form for the following Forces:</p> <ul style="list-style-type: none">BTPCNCCheshireCumbriaDerbyshireDurhamHumberside (OHU to complete)Immigration EnforcementGMPLancashireMerseysideMODNorth YorkshirePolice ScotlandSouth YorkshireWest MidlandsWest Yorkshire

	It also applies to Retired Officers, PCSOs, DCOs and Cos and Police Staff Investigators (to include CSIs and Civilian Investigators).
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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:

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Date Joined:

Please tick the box that reflects your role.

Serving Police Officer PCSO Special Constable Detention/Custody Officer

Police Staff Investigators (to include CSIs and Civilian Investigators)

Other Please Specify

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Job Role:

Retired Officer

Date Retired / Due to Retire:

Reason for Retirement:

Police Pension Number

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<p>Contact Details:</p> <p>Address:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Post Code:</p> <p>Home Telephone:</p> <p>Mobile Telephone:.....</p>	<p>Other telephone (state):</p> <p>.....</p> <p>.....</p> <p>Email 1:</p> <p>Email 2:</p> <p>Preferred contact method:.....</p>
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Any specific personal requirements: (e.g. Hearing or visually impaired):

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

SGPCT: Do you currently donate to the St Georges Police Children Trust: **YES / NO**

I am happy for the SGPCT to have my email address in order to be kept up to date with the latest news and events. If you do wish to receive these updates please tick the box.

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):

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Describe your condition that requires physiotherapy and how and when it occurred: (e.g. accident/event at work/post-operative/long-term illness):

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If you are applying regarding a specific injury, how did this occur?

On-Duty Off-Duty

What treatment have you already had for this condition?

(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.

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Have you attended the PTC before?

YES / NO

If YES, when was your most recent attendance?

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If YES, was it with the same or similar condition or a different condition to be the one you have now?

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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 twelve months previously validating my regular donation to the PTC or Part 4 has been completed by a Force representative
- 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.
- I am happy for the PTC to have my email address in order to be kept up to date with the latest news and events. If you do wish to receive these updates please tick the box.

Signature:

Date:

PART 4 - To be completed by Force representative / Police Federation Office :
(Please refer to part 4 of the application checklist)

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:**

Telephone Number: **Email:**

Once all parts have been completed, please forward this application form to:

The Police Treatment Centres
St Andrews
Harlow Moor Road
Harrogate
North Yorkshire
HG2 0AD

Contact Details

Telephone: 01423 504448
Email: enquiries@thepolicetreatmentcentres.org
Website: www.thepolicetreatmentcentres.org