



# The Police Treatment Centres

## Application for Admission Psychological Wellbeing – IN-PATIENT

**NB: - this programme is a two week programme exclusively for Serving Officers.**

### Application Checklist:

Whilst completing the following application form, please ensure that all items on the checklist have been enclosed and 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, 2 AND 3:</b></p> <p>To be fully completed by you - the applicant (If the form is not fully completed and essential information is needed, it may be sent back to you and this will delay your booking for treatment)</p> <p><b>Pay Slips:</b> Two copies of your pay slips showing PTC donations; most recent and one from 12 months previously (if applicable).</p> <p>OR</p> <p><b>Direct Debit:</b> You have been making regular donations via Direct Debit for 12months or longer</p>
	<p><b>PARTS 4 AND 5:</b></p> <p>To be signed by Force Medical Officer <u>or</u> Occupational Health Nurse <u>or</u> G.P <u>or</u> Consultant</p>
	<p><b>PART 6:</b></p> <p>To be completed by Force Representative/Police Federation Office or OHU <b>for the following forces only:</b></p> <p>Cleveland – needs to be signed by Welfare Officer or Occupational Health Unit            Humberside - Occupational Health Unit            Isle of Man – Force Representative            North Wales - Occupational Health Unit – Admin staff            Lincolnshire - Federation            Nottingham – Federation            PSNI – Force Representative            Staffordshire - Federation</p> <p><b>It also applies to PCSOs, DCOs and Cos and Police Staff Investigators (to include CSIs and Civilian Investigators)</b></p>

	<p><b>Weekend Accommodation:</b></p> <p>If your admission for treatment is for two weeks and you are 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.</p> <p>This accommodation is provided at a cost which can be found on the PTC Accommodation Application Form which is on our website.</p> <p>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>
	<p><b>Patients Due to Retire:</b></p> <p>Due to waiting times, anyone leaving the Police Force within 6 months from the date of application will not be eligible to apply for treatment. Please see our <a href="#">Retired Officer Wellbeing Programme</a> (ROWP) if you are due to retire in the next 6 months. The ROWP is available for Retired Officers only.</p>

**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:** .....

Prefer not to state:

**Current police force:** For Scotland please show pre-cursor Force area (e.g. Police Scotland – Tayside)

..... Collar Number: .....

Date Joined:

Date Due to Retire (If known):

.....

.....

**Please tick the box that reflects your role.**

Police Officer  PCSO  Special Constable  Detention/Custody Officer

Police Staff Investigators (to include CSIs and Civilian Investigators)  Police Staff

Job Role: .....

**Contact Details:**

Address: .....

.....

.....

Postcode: .....

Home Telephone:.....

Mobile Telephone: .....

Other telephone (state):

.....

Email 1:

.....

Email 2:

.....

Preferred contact method: .....

<b>Next of Kin – Name &amp; Relationship:</b> ..... .....	<b>Next of Kin – Contact Details:</b> ..... .....
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<b>Weight:</b> .....	<b>Height:</b> .....
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**Centre Preference (please tick):** Castlebrae, Auchterarder  St Andrews, Harrogate  **EITHER**

**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 etc):  
 .....  
 .....  
 .....

**Any special dietary requirements:** (e.g. allergies or intolerances):  
 .....  
 .....

**Dates to Avoid** (please include all leave/holiday, Court, or other known commitments over the next sixteen (16) weeks):  
 .....  
 .....

<b>Can you attend at short notice</b> (e.g. one week's notice)	<b>Serving Officers: Do you intend to stay at the Centre over the weekend?</b> <i>If yes we may be able to offer Bed and Breakfast for your partner. See PTC website for details.</i>
<b>YES / NO</b>	<b>YES / NO</b>

**The Police Children's Charity (Formerly St George's Police Children Trust)**
**YES / NO**

Do you currently donate to The Police Children's Charity?

I am happy for The Police Children's Charity 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
- Suspended (Please refer to Eligibility Policy before completing form)
- 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?**

.....

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.....

.....

.....

**Mobility and Access** (please tick the most appropriate assessment)

Independently mobile	<input type="checkbox"/>	Intermittent use of wheelchair	<input type="checkbox"/>
Mobile with 1 walking stick or crutch	<input type="checkbox"/>	Permanent use of wheelchair	<input type="checkbox"/>
Mobile with 2 walking sticks or crutches	<input type="checkbox"/>	Mobile with Zimmer frame	<input type="checkbox"/>

Other:.....

.....

.....

Can you easily walk 50metres?      **YES / NO**

Can you safely use stairs?            **YES / NO**

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

NAME

COMPLETION DATE

GAD-7 Over the last <u>two weeks</u> , how often have you been bothered by any of the following problems? (Use “✓” to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day	<b>TOTAL SCORE (Nurse)</b>
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	

<b>PATIENT HEALTH QUESTIONNAIRE – PHQ-9</b> <b>Over the last <u>two weeks</u>, how often have you been bothered by any of the following problems?</b> <b>(Use “✓” to indicate your answer)</b>	<b>Not at all</b>	<b>Several days</b>	<b>More than half the days</b>	<b>Nearly every day</b>	
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	
<p><b>If you have given a score of either a 1, 2 or 3 on question 9 ('Risk of Harm'), please indicate</b></p> <p><input type="checkbox"/> <b><u>NO</u></b>, I feel I am currently not a risk to myself</p> <p><input type="checkbox"/> <b><u>YES</u></b>, but I have things in place that keep me safe (e.g. Family, GP etc) and feel I am currently not a risk to myself</p> <p><input type="checkbox"/> <b><u>YES</u></b> and I feel I am at risk of harming myself in some way</p>					

**TOTAL SCORE (Nurse)**

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

**Diagnosis / Presenting Condition:**.....  
 .....  
 .....

**Duration of symptoms:**  
 .....  
 .....

**Underlying conditions/relevant medical history including dates:**  
 .....  
 .....

**Ongoing investigation/treatment:**  
 .....  
 .....

<b>Is the applicant also applying for Physiotherapy?</b> If YES please complete an additional application form for Physiotherapy treatment.	<b>YES / NO</b>
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<b>Is Nursing assistance required with the 'Activities of Daily Living'?</b>	<b>YES / NO</b>	
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Medication?	YES / NO	If <b>YES</b> to any question, please complete the relevant section below.
Allergies?	YES / NO	
Infections?	YES / NO	
Limited Mobility or Risk of Falls?	YES / NO	
Does the applicant need a companion to attend with them?	YES / NO	
<b>Support:</b> <i>please expand on the nature of support required by the applicant:</i>		
.....		
<b>Medication:</b>		
.....		
<b>Allergies:</b>		
.....		
<b>Infections:</b>		
.....		
.....		
.....		

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

**The PW Programme is suitable for those with mild to moderate anxiety and depression. By signing this form I confirm that I have seen a completed GAD-7 and PHQ-9 questionnaire from the applicant. I confirm that I agree that the individual meets the definition of mild to moderate symptoms and has no significant risk factors.**

**Certified by (signature):** .....

**Print Name:**..... **Date:** .....

**Occupation:** ..... **Registration Number:** .....

**Address:** .....

.....

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

Telephone Number: ..... Email: .....

**PART 6 - To be completed by Force representative / Police Federation Office :**  
**(Please refer to part 6 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:** .....

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:**

**Telephone:** 01423 504448  
**Email:** enquiries@thepolicetreatmentcentres.org  
**Website:** [www.thepolicetreatmentcentres.org](http://www.thepolicetreatmentcentres.org)