The Police Treatment Centres

Application for Admission
Retired Officer Wellbeing Programme
IN-PATIENT

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	
	PARTS 1, 2 AND 3: To be fully completed by you - the applicant (If the form is not fully completed and essential information is needed, it maybe sent back to you and this will delay your booking for treatment) **Direct Debit:** You have been making regular donations via Direct Debit for 12months or longer
	PARTS 4 AND 5: To be completed and signed by G.P.

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

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: ☐

Previous Police Force: For Scotland please show pre-cursor Force area (e.g. Police Scotland – Tayside)

……..……

Date Joined: …….. Date of Retirement: ….……

Please tick the box that reflects your previous role.

Police Officer ☐ PCSO ☐ Special Constable ☐ Detention/Custody Officer ☐

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

Other ☐ Please Specify

……..……..……..…

Please note newly eligible Police Staff roles included from January 2024 are not eligible for our Retired Officer Programmes

Contact Details: Address: …… …… …… …… Postcode: ……...	Home Telephone: …… Mobile Telephone: …….. Other telephone (state): …… Email 1: …… Email 2: …… Preferred contact method: ……

Next of Kin – Name & Relationship: …… ……	**Next of Kin – Contact Details:** …….. ……..
Weight: ……..…	**Height:** ……..…

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):*

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

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…..

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

……

Can you attend at short notice *(e.g. one week's notice):* **YES / NO**

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

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).

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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?:

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……

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……

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?

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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	☐	Intermittent use of wheelchair	☐
Mobile with 1 walking stick or crutch	☐	Permanent use of wheelchair	☐

Mobile with 2 walking sticks or crutches ☐ Mobile with Zimmer frame ☐

Other:……

……

……

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

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

Please complete the following GAD-7 and PHQ-9 questionnaires to provide us with an indication of your current level of needs. 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**	**TOTAL SCORE (Nurse)**
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	

PATIENT HEALTH QUESTIONNAIRE – PHQ-9 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**	**TOTAL SCORE (Nurse)**
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	

If you have given a score of either a 1, 2 or 3 on question 9 ('Risk of Harm'), please indicate

- ❑ NO, I feel I am currently not a risk to myself
- ❑ YES, 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
- ❑ YES and I feel I am at risk of harming myself in some way

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 confirm I am a current donor to the PTC and have been making regular donations via Direct Debit for 12 months or longer.
- ☐ 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 - HIGHLY CONFIDENTIAL –
To be completed by G.P.

Diagnosis / Presenting Condition:……..……

……

……

……..……..

Duration of symptoms:

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Underlying conditions/relevant medical history including dates:

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……

Ongoing investigation/treatment:

……

……

Is Nursing assistance required with the 'Activities of Daily Living'?	**YES / NO**	If **YES** to any question, please complete the relevant section below.
Medication?	**YES / NO**	
Allergies?	**YES / NO**	
Infections?	**YES / NO**	
Limited Mobility or Risk of Falls?	**YES / NO**	

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

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Medication:

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Allergies:

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Infections:

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PART 5 - Signature of GP.

The Retired Officers Wellbeing Programme is suitable for those with a formal diagnosis of 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:** ……