



# The Police Treatment Centres

## **Application for Admission Physiotherapy- OUT-PATIENT at Castlebrae**

### **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><b>PARTS 1, 2 AND 3:</b> To be fully completed by you - the applicant</p>
	<p><b>PART 4 :</b> To be signed by Force Medical Officer <u>or</u> Occupational Health Nurse <u>or</u> Physiotherapist <u>or</u> G.P. <u>or</u> Consultant.</p>
	<p><b>PART 5:</b> To be completed by Force representative / Police Federation Office/OHU: <b>NB : The Federation are not required to complete section 6 of the form for the following Forces:</b> BTP CNC Cheshire Cleveland Cumbria Derbyshire Durham Humberside (OHU to complete) Immigration Enforcement GMP Lancashire Merseyside MOD Northamptonshire North Yorkshire Police Scotland South Yorkshire West Midlands West Yorkshire</p> <p><b>It also applies to Retired Officers, PCSOs, DCOs and Cos and Police Staff Investigators (to include CSIs and Civilian Investigators).</b></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>

**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:.....

**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 .....

Retired Officer

Date Retired / Due to Retire: .....

Reason for Retirement: ..... Police Pension Number: .....

Address:

.....  
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.....

Post Code: .....

**Contact Details:**

Home Telephone:

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Mobile Telephone:

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Other telephone (state): .....

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	Email 1: ..... Email 2: ..... Preferred contact method: .....
<b>Next of Kin – Name &amp; Relationship:</b> ..... .....	<b>Next of Kin – Contact Details:</b> ..... .....
<b>Weight:</b> .....	<b>Height:</b> .....
<b>Any specific personal requirements:</b> <i>(e.g. Hearing impaired re fire alarms etc):</i> ..... ..... .....	
<b>Any special dietary requirements:</b> <i>(e.g. allergies or intolerances):</i> ..... ..... .....	
<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>The Police Children’s Charity (Formerly St George’s Police Children Trust)</b> <span style="float: right;"><b>YES / NO</b></span> Do you currently donate to The Police Children’s Charity? <input type="checkbox"/> I am happy for the 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.	
<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 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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**Is your condition improving/getting worse/staying the same/other? (please describe):**

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**What do you hope to gain from out-patient Physiotherapy input?:**

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

**Diagnosis:** ..... **Date of Diagnosis:** .....

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**Past Medical History and Medication:**

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

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

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

Address: .....  
.....  
.....

Post Code: .....

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

**PART 5 - To be completed by Force representative / Police Federation Office :**  
**(Please refer to part 5 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):**  
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**Print Name:** ..... **Date:** .....

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

**Telephone Number:** ..... **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:**

**Telephone:** 01423 504448

**Email:** enquiries@thepolicetreatmentcentres.org

**Website:** www.thepolicetreatmentcentres.org