



The Police Treatment Centres
Application for Admission
Psychological Wellbeing – IN-PATIENT
NB: - this programme is not offered to retired officers.

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: 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

Other Please Specify

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

Post Code:

Contact Details:

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:
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Admission Preference (please tick): **EITHER** Castlebrae, Auchterarder St Andrews, Harrogate

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 for the next sixteen (16) weeks):

.....

.....

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

Have you previously served in HM Armed Forces? – If so, UNIT:

Army Royal Air Force Royal Marines 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):

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?

.....

.....

If necessary: Companion (spouse/partner etc.):

Please complete the 'Application to be Accompanied by a Companion' Form and attach that form to this application.

Companions Full Name:

Relationship:

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

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:

PART 4 - HIGHLY CONFIDENTIAL –

To be completed by the Force Medical Officer or Occupational Health Nurse or G.P.

Diagnosis: **Date of Diagnosis:**

.....

.....

Duration of symptoms:

.....

.....

Underlying conditions/relevant medical history including dates:

.....

.....

Ongoing investigation/treatment:

.....

.....

Is the applicant also applying for Physiotherapy?

If YES please complete an additional application form for Physiotherapy treatment.

YES / NO

Is Nursing assistance required with the ‘Activities of Daily Living’?

YES / NO

Medication?

YES / NO

If **YES** to any question, please complete the relevant section

Allergies or Infections?	YES / NO	below.
Limited Mobility or Risk of Falls?	YES / NO	
Does a companion need to attend to support you?	YES / NO	
Support: <i>please expand on the nature of support required by the applicant:</i>		
.....		
.....		
.....		
Medication:		
.....		
.....		
.....		
Allergies or Infections:		
.....		
.....		
.....		
Mobility and Access: <i>Can the applicant climb stairs/walk unaided? Please give distance. Is the applicant a wheelchair user? Full/partial or non-weight bearing? Expand fully on assistance level if needed on a daily basis and especially at risk from falling:</i>		
.....		
.....		
.....		

PART 5 - Signature of Force Medical Officer <u>or</u> Occupational Health Nurse <u>or</u> GP.	
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

Fax: 01423 527543

Email: enquiries@thepolicetreatmentcentres.org

Website: www.thepolicetreatmentcentres.org

Date Completed:

GAD - 7

Over the last 2 weeks, how often have you been bothered by the following problems?

Not at all

Several Days

More than half the days

Nearly every day

(Use "✓" to indicate your answer)

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

(For office coding: Total Score T_____ = _____ + _____ + _____)

Date Completed:

PATIENT HEALTH QUESTIONNAIRE- 9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by the following problems?

Not at all

Several Days

More than half the days

Nearly every day

(Use "✓" to indicate your answer)

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

FOR OFFICE CODING 0 + + +

= Total Score

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

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, 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>PARTS 4 AND 5: To be signed by Force Medical Officer <u>or</u> Occupational Health Nurse <u>or</u> G.P.</p>
	<p>PART 6: To be completed by Force representative / Police Federation Office.</p> <p>NB: The Federation are not required to complete section 6 of the form for the following Forces:</p> <p>BTP Cheshire Cumbria Derbyshire Durham Immigration Enforcement GMP Lancashire MOD North Yorkshire South Yorkshire West Yorkshire</p> <p>It also applies to PCSOs, DCOs and COs</p>
	<p>Companion Application Form: If your personal circumstances require essential daily support to undertake the activities of daily living e.g. getting dressed: A completed Companion Application Form (if applicable) must be submitted along with the application for admission.</p>

Weekend Accommodation:

If your admission for treatment is for two weeks and you are staying over the weekend, we MAY be able to provide accommodation at the Centre for your spouse/partner to join you and stay over the weekend as well.

This accommodation is provided at a cost which can be found on the PTC Accommodation Application Form which is on our website.

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.