

APPLICATION FOR ADMISSION

All parts to be completed before being sent to the Chief Executive at:-

The Police Rehabilitation Centre, Flint House, Reading Road,
Goring-on-Thames, Oxon, RG8 0LL. Telephone: 01491 874499

Office Use Only			
P/N		Score	
Code		Booking Ref	
		Room	
V		Date	

PART 1 TO BE COMPLETED BY PATIENT

(Mr,Mrs,Miss,Ms) Name..... Date of Birth.....

Home Address..... Postcode

My Tel No: My Mobile No:

E-Mail Address.....

Person to Contact in Emergency..... Emergency Contact Tel No:.....

Serving Officer / Police Cadet / Retired (delete as appropriate) POLICE FORCE.....

Have you been admitted to Flint House previously? YES / NO YEAR

If in the past 12 months please give dates of attendance

Did you receive physiotherapy at Flint House? YES / NO

First available date for admission Can you attend at short notice? YES / NO

Dates to be avoided (e.g. prior commitments)

Is the condition a result of an ACCIDENT YES / NO

ASSAULT YES / NO

Was it ON DUTY / OFF DUTY

MOBILITY: CAN WALK UNAIDED YES / NO

CAN CLIMB STAIRS YES / NO

USES STICK / CRUTCHES / WHEELCHAIR (delete as appropriate)

CAN YOU CLIMB INTO A BATH TO USE A SHOWER YES / NO

IS NURSING ASSISTANCE REQUIRED WITH DAILY ROUTINE? YES / NO

eg. Washing, Dressing, Bathing, Feeding, Wound Dressing -

Please specify

In order that we may allocate suitable accommodation please specify :-

Height(if over 6 feet tall) Weight Hearing or Sight impaired (re fire alarms).....

I confirm that I am

a) a serving police officer) (delete as appropriate)

b) a retired police officer in receipt of a FULL Police pension, who donated whilst serving)

c) I enclose my LATEST payslip showing I donate to the Charity and 2 others spanning 12 months
(serving officers only – photocopies accepted – payslips will be returned)

I understand that all the information on this form will be confidential to the Professional and Administrative staff at Flint House.

I give my consent for any relevant medical information required from my GP / CONSULTANT to be sent in confidence to the Physio/Nurse Manager as appropriate at Flint House.

Signature of Patient:..... Date:.....

PART 2 To be completed by FORCE WELFARE OFFICER / O.H. DEPT / FEDERATION REP.

I confirm that this person is a serving police officer / a retired police officer in receipt of a FULL Police pension and donated whilst serving. (delete as appropriate)

NAME: (Please print name) Job Title:

SIGNED: Tel No: Date:.....

OTHER RELEVANT INFORMATION

CONFIDENTIAL

N.B. PHYSIOTHERAPY AND 24-HOUR NURSING SERVICE IS PROVIDED BUT NOT THE FACILITY FOR NURSING ACUTE ILLNESS.

PART 3 – for completion by Force Medical Officer / Hospital Consultant / GP Please ensure the form is fully completed or it may delay admission		Admin Use Only
1	FULL Diagnosis (and type of surgery with date if applicable):	
2a	Date of onset of condition.....	
2b	CONSULTANT HOSPITAL	
3	Is this a chronic condition Yes / No If the condition is chronic, is it a recent flare up? Yes / No Due to this condition the patient is on Full Duty / Restricted Duty / Off Duty (Serving Officers only) (delete as applicable)	
4	Any other Procedures / Investigations (with dates) / Hospital Admissions within last 6 months?	
5	The patient:- a) is attending local therapy b) has recently completed a course of local therapy - if so please provide date completed..... c) there is no local therapy available (delete as applicable) Therapy: Physiotherapy, Osteopathy, Chiropractic, Rehabilitation Classes (delete as applicable) Other please specify The patient has attended Flint House previously for treatment of this condition Yes / No If so when?	
6	Is Physiotherapy required YES / NO If YES from what date? Please give additional information of condition and include X-rays or report	
7	Is the Applicant receiving or do they require any psychological intervention? YES / NO Please send additional information in confidence to Nurse Manager, Flint House; if appropriate	
8	Please note that we do not admit patients suffering from serious psychiatric problems or dementia	
9	Any recent infection? YES / NO If YES, please specify.....	
10	ALL Current Medication.....	
11	SIGNATURE OF DOCTOR: PLEASE PRINT NAME: Date: Tel No:	<i>Please add your Practice Stamp</i>

Dear Colleague,

The Police Rehabilitation Centre is a non-profit making registered charity that depends for its funding upon voluntary contributions from serving police officers.

The injuries that have caused you to seek treatment at the Centre may have been received as a result of negligence by a third party. If you are pursuing a civil claim, or possibly contemplating such action in the near future we should be grateful if you would allow us to attempt to recover the cost of your treatment at the Centre through your civil claim.

Your assistance in this matter will greatly benefit our patients by allowing us to use the recovered costs for maintaining and improving our facilities. The additional funds will also help us to keep our contribution requests as low as possible, thereby benefiting all police officers.

We invite you to sign the enclosed form of undertaking, which will enable the Rehabilitation Centre to recover its costs in the event that you pursue a successful civil claim against a third party. This form of undertaking will be forwarded to your solicitors who will endeavour to recover the cost of your treatment.

We stress that your civil claim will not in any way be prejudiced by this arrangement.
In addition:

1. Your own damages would not be reduced by this arrangement.
The costs incurred by the Rehabilitation Centre will be added to your claim.
2. If your civil claim is unsuccessful, you will not be required to meet the costs of treatment.
3. If your damages are reduced on the grounds of contributory negligence, then any obligation to refund the Centre would be reduced proportionately.
4. You would only be required to refund to the Rehabilitation Centre any of its costs that you in fact recover from the Defendants in respect of your civil claim.

If you have suffered a personal injury, either on or off duty, you now have the option of simply calling PF Claimline on free phone 0800 9171 999 and one of their advice team will take down the details. A qualified solicitor will then look at your case, within 24 hours of you making the call. You have the reassurance of knowing that your claim will be handled quickly and efficiently by a genuine specialist. The Police Federation is delighted to offer this excellent service at no extra cost to you. You can however still continue to report this matter through your Branch Board office.

If you feel you are able to help us then please complete the form (on the reverse of this letter) and hand it in at the Reception Desk when you arrive at the Centre. The date you sign the form must be prior to commencement of treatment at the Centre.

Yours faithfully,

T. McAuslin
Chief Executive

THE POLICE REHABILITATION CENTRE

Surname: Forenames:

Address:

Date of Birth: Rank/Warrant No:

Force: Date of Accident:

Name of Solicitors:

Solicitor's Address:

Solicitor's Ref/Name:

Solicitor's Tel No. / Email:.....

Date of Commencement of Treatment:

I, being a person entitled to the provision of treatment, facilities and services at the Police Rehabilitation Centre, undertake:-

(i) to include in any claim for damages pursued by me in respect of the above accident such sums as may be specified by the Centre as the costs of its provision for me;

(ii) to pay to the Centre any sum which I recover from a wrongdoer in respect of the cost of such provision.

I understand that in the event of the damages which I recover being reduced on account of contributory negligence my obligation to refund the Centre will be reduced proportionately.

Signed: Date:

I hereby authorise that you supply to my solicitors, as named above, any treatment information they may request in connection with the above accident.

Signed: Date: