

St Michael's Lodge

Residential Physiotherapy Application Form

Please note that all fields are mandatory. Submission of an incomplete referral form, or providing insufficient details, may delay your application.

All correspondence and applications should be sent to info@wmpben.co.uk

PERSONAL INFORMATION

Surname:

Forenames:

Address:

Contact number:

Email address:

Postcode:

D.O.B.:

Collar number:

Gender: Male Female Prefer not to say

NEXT OF KIN

Name:

Contact number:

Relationship:

CURRENT WORK STATUS

Please indicate which of the following applies to you:

Currently in work Recuperative duties Restricted duties Sick leave

Is this related to your condition? Yes No

APPLICANT'S CONDITION

Please describe your condition and how long you have had this condition/these symptoms.

PREVIOUS OR ONGOING TREATMENT

Please describe any previous or ongoing treatment/interventions you have received in relation to this condition.

TO BE COMPLETED BY A MEDICAL PRACTITIONER

Would this patient benefit from an inpatient physiotherapy programme? Yes No

Medical practitioner's signature:

Date signed:

Address of Practice:

Contact number:

Postcode:

Please tick: GP/Consultant Occupational Health Physiotherapist Other

APPOINTMENTS

Please specify any dates that you would be **unable** to attend an inpatient stay; include all leave, holiday, court, or other commitments.

If you have a preference to see a male or female physiotherapist, please specify. We will do our best to accommodate requests though they cannot be guaranteed.

PLEASE NOTE If available, please bring any treatment protocols/x-rays/scans/medical reports to your appointment that may be of benefit to our physiotherapists.

Return email address: info@wmpben.co.uk

Return postal address: WMP Benevolent Fund, Guardians House, 2111 Coventry Road, Sheldon, Birmingham B26 3EA

T: 0121 7524919

W: www.wmpben.co.uk

Registered Charity No. 1186628

Registered Charity No. 1209674

ADDITIONAL INFORMATION

Do you have limited mobility, i.e. use of a wheelchair/walking aids? (If yes, please provide details) Yes No

Do you have any allergies? (If yes, please provide details) Yes No

Do you have any dietary requirements? (If yes, please provide details) Yes No

Do you require an additional carer to attend with you during your stay?
(If yes, please provide their details below) Yes No

CARER DETAILS

Name:

Contact number:

Do you have limited mobility, i.e. use of a wheelchair/walking aids? (If yes, please provide details) Yes No

Do you have any allergies? (If yes, please provide details) Yes No

Do you have any dietary requirements? (If yes, please provide details) Yes No

DISCLAIMERS

There may be an opportunity to have up to 3 sessions of physiotherapy. These must be booked prior to your attendance at St Michael's Lodge.

West Midlands Police Benevolent Fund provides a generous annual allowance for members to attend St Michael's Lodge. A member's treatment, accommodation and food are all included in this allowance. If you take a carer with you, they will NOT be able to receive additional treatments or physiotherapy as part of your allowance, however they are welcome to use the other on-site facilities such as the gym, swimming pool, sauna, hot tub, games rooms, etc if available.

I wish to apply to attend St Michael's Lodge and I understand that West Midlands Police Benevolent Fund cannot accept any responsibility for any treatment I may receive or injury that may occur during my stay. I also understand that if I exceed the annual allowance, I will be asked to pay the difference. I understand that if I bring a carer they cannot receive or purchase treatments during my stay but can access other St Michael's Lodge facilities such as gym and pool only if available.

I consent to all my personal data being shared with St Michael's Lodge.

Return email address: info@wmpben.co.uk

Return postal address: WMP Benevolent Fund, Guardians House, 2111 Coventry Road, Sheldon, Birmingham B26 3EA

T: 0121 7524919
W: www.wmpben.co.uk
Registered Charity No. 1186628

SIGNATURE AND DECLARATION

Personal information which you supply to The Ben Fund (St Michael's Lodge) may be used in several different ways, for example: To make admission and clinical decisions; for audit and statistical analysis; for fraud prevention.

The Ben Fund is committed to protecting your privacy and security. Whenever you provide personal information, we will treat that information in accordance with UK Data Protection legislation. Further details can be found in our Privacy Policy which can be found on our website at: <https://www.thebenfund.co.uk/privacy-policy>.

- I understand that all personal information on this form will be confidential to the professional and administrative staff of The Ben Fund (St Michael's Lodge) and no personal information or clinical reports will be shared without my express consent unless required by law.
- I agree to The Ben Fund (St Michael's Lodge) contacting me using the details I have provided.

Signature:

Date:

FOR OFFICE USE ONLY: APPLICATION APPROVAL

Approved Deferred Refused

Signature:

Date:

Notes for St Michael's Lodge: