

St Michael's Lodge

Residential Wellbeing Application Form

Please note that you will not be eligible to access this service if you have received a Residential Wellbeing break within the past 2 years.

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:

CURRENT WORK STATUS

Please indicate which of the following applies to you:

Currently in work

Recuperative duties

Restricted duties

Sick leave

NEXT OF KIN

Name:

Contact number:

Relationship:

RESIDENTIAL WELLBEING CRITERIA (please tick which apply)

Currently off sick from work

Experiencing a life changing event e.g. bereavement, relationship break down

Under a counselling service

Acute or chronic mental health condition, please provide details below

Acute or chronic medical condition, please provide details below

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

TERMS

1. All applications will be assessed by the Clinical Services Team, applicant will be informed of decision and available dates within 7 to 10 working days of receipt of your application.
2. Member will be informed if further information is required.
3. Residential wellbeing breaks must be taken within 6 months of application.
4. Residential wellbeing breaks are individual breaks and are not open to partners, spouses, or dependents.
5. You will not be eligible to access a residential wellbeing break if you have received one within the past 2 years.

PLEASE PROVIDE DETAILS TO DEMONSTRATE YOU MEET THE CRITERIA YOU SELECTED

HAVE YOU, OR ARE YOU, RECEIVING ANY PREVIOUS OR ONGOING TREATMENTS IN RELATION TO THE ABOVE?

TO BE COMPLETED BY A MEDICAL PRACTITIONER

Would this patient benefit from a residential wellbeing break? Yes No

Medical practitioner's signature:

Date signed:

Address of Practice:

Contact number:

Postcode:

Please tick: GP/Consultant Occupational Health Physiotherapist Other

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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

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.

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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:

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