

# Wellbeing Residential Application Form



## PERSONAL INFORMATION

Surname:

Forenames:

D.O.B

Gender (please tick)

Male  Female

Current Police Force (if retired, previous force)

If serving

Date joined

Collar Number

If retired

Police pension number:

Date of Retirement:

Home Address:

Home telephone:

Mobile telephone:

Postcode:

Email:

## NEXT OF KIN

Name

Relationship

Contact telephone number

## DATES TO AVOID

(Please include all leave/holiday, court or other commitments)

## WHICH APPLIES

Please indicate which of the following applies to the applicant (please tick)

Work  Recuperative duties  Restricted duties  Sick leave

## HEALTH & WELLBEING

Does the applicant currently suffer from any mental health conditions? (please give a brief summary)

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Previous or ongoing treatments in relation to this condition

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Has there been any treatments that have been found successful?

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What does the applicant hope to gain during their stay at St Michaels Lodge?

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Does the applicant suffer from any physical pain? (please give a brief summary)

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Has the applicant attended St Michaels Lodge before? Yes  No

If **YES**, please specify date:

Was this stay for the same condition? Yes  No

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## PERSONAL INFORMATION

Do you require an additional carer/nurse to attend with you during your stay? Yes  No

Do you have limited mobility i.e. use of a wheelchair/walking aids? Yes  No

Do you take medication Yes  No

Do you have allergies/infections Yes  No

Do you have any dietary requirements Yes  No

## CARER/NURSE DETAILS

Name:

Telephone No:

Limited Mobility: Yes  No

If **YES**, please state:

Medication Yes  No

If **YES**, please state

Limited Mobility: Yes  No

If **YES**, please state:

Dietary requirements: Yes  No

If **YES**, please state:

## PERSONAL INFORMATION

The information which you supply to us may be used to make admission and clinical decisions; for audit and statistical analysis; for fraud prevention.

I understand that all personal information on this form will be confidential to the professional and administrative staff of the NWPBF and no personal information or clinical reports will be shared without my express consent unless required by law.

I agree to include any claim for damages pursued by me against the third party in respect of the accident resulting in my injury such as sums specified by the NWPBF.

I agree to the NWPBF contacting me using the details I have provided

Signature

Date