

Application form for St Michael's Lodge

You can apply if you require convalescence following an illness or if you would benefit from rehabilitation following injury, an operation or some other debilitating condition.

You can stay for 4 nights, Monday to Friday.

Physiotherapy and treatments are only available during week days. You need to complete Part One of this form and get a medical practitioner to complete Part Two.

Part One – To be completed by applicant

Name:			
(please tick) Mr	Ms	Miss	Mrs
Date of Birth:		Staff/Collar/Pension number:	
Address:			
		Postcode:	
Email:			
Mobile Number:			
Next of Kin:			
Emergency Contact Number:			
Are you currently:	<input type="checkbox"/> Retired	<input type="checkbox"/> Working	<input type="checkbox"/> On restricted duties <input type="checkbox"/> On sick leave <input type="checkbox"/> Other

I require convalescence after illness

I require rehabilitation after injury

I understand I can only stay Monday – Friday (4 nights)

Do you want? Bed and breakfast Half board Full board

I wish to take another adult: Yes No Name:

Twin or Double Room (please tick)

Do you have limited mobility? (e.g. wheelchair, walking stick etc): Yes No

Please state

Do you take medication? Yes No

Please state

Do you have any allergies/infections? Yes No

Please state

Do you have any dietary requirements? Yes No

Special dietary requirements:

Part Two – To be completed by Force Medical Officer, Occupational health nurse, Physiotherapist or G.P.

Please describe the applicant's condition/diagnosis and duration of symptoms:

What treatment has the applicant already had for this condition?
For example, medication/operation/physiotherapy.

Is the applicant currently receiving physiotherapy treatment?
Where is this taking place?

Would this patient benefit from further physiotherapy? Yes No

Medical practitioner's signature: Date:

Print Name:

Address of Practice:

Contact Tel:

Please tick: GP Occupational Health Physiotherapist Specialist Nurse Practitioner

Physiotherapy/treatment sessions

On arrival at SML you will be assessed by their qualified staff and they in discussion with you will determine your treatment plan and sessions for your visit. Please take x-rays, MRI scans, or any other reports which might help with your rehabilitation. Any treatments outside of this plan will be paid for by the member to SML direct at the end of your stay by way of cheque or cash.

Please be aware that there is a generous annual allowance to attend St Michael's Lodge which will meet your needs with regards to treatments as assessed by SML, with your accommodation and food. If you take someone with you, they will NOT be able to receive treatments or physio paid or otherwise but can use other on-site facilities such as the gym and pool if available.

Disclaimer

I wish to apply to attend St Michael's Lodge and I understand that WMP 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 take another adult they cannot receive or purchase treatments during my stay but can access other SML facilities such as gym and pool if available.

I consent to all my personal data being shared with St Michael's Lodge Yes No

Signature:

Date:

Please return this form to:
WMP Benevolent Fund, Guardians House,
2111 Coventry Road, Sheldon, Birmingham B26 3EA,
Or email to info@wmpben.co.uk