**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.

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| **PERSONAL INFORMATION (all fields are mandatory)** |  |
| Surname: | Forenames: |
| Address: | Contact number: |
|  | Email address: |
| Postcode: | D.O.B.: |
| Force (if retired, previous force): | Collar number: |
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| **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 |
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| **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.
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| **PLEASE PROVIDE DETAILS TO DEMONSTRATE YOU MEET THE CRITERIA YOU SELECTED** |
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| **HAVE YOU, OR ARE YOU, RECEIVING ANY PREVIOUS OR ONGOING TREATMENTS IN RELATION TO THE ABOVE?** |
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| **THESE ARE EXAMPLES OF THE KIND OF CLASSES ON OFFER DURING A RESIDENTIAL WELLBEING BREAK, PLEASE TICK WHICH YOU FEEL YOU WOULD BENEFIT FROM** |
| Wellbeing check  | Pilates  | Breathwork  | Yoga  | Pool-based activity, e.g. Ai Chi  | Meditation  |

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| **CURRENT WORK STATUS** |
| Please indicate which of the following applies to the applicant  |
| Currently in work  | Recuperative duties | Restricted duties | Sick leave |

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| **ADDITIONAL INFORMATION** |
| Have you attended St Michael’s Lodge before?  | Yes | No |
| Do you have limited mobility, i.e. use of a wheelchair/walking aids? (If yes, please provide details)  | Yes | No |
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| 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 |
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| **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 |
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| **SIGNATURE AND DECLARATION**  |
| I can confirm I am a member of The Ben Fund |
| Personal information which you supply to us 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 and Internet best practice. 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 and no personal information or clinical reports will be shared without my express consent unless required by law.I agree to The Ben Fund contacting me using the details I have provided. |
| Signature (Handwritten): | Date: |