

Convalescent Facilities Application Form

Application completed by:

(Line Manager/Staff Association Rep/HR
Manager/Occupational Health Manager/FAO)

**Telephone
No:**

Email:

Police Employee's name:

(name of officer or staff member for whom
convalescent facilities are being requested)

**Police
Employee's
Force:**

**Police
Employee's
Rank:**

**Telephone
No:**

Email:

**Reason for
application:**

(Based on
criteria set-
out overleaf)

**Please
provide any
additional
information
which may
be relevant
to the
application:**

The following provides some example application criteria to attend one of these facilities. Please note that this is not an exhaustive list and all genuine claims are welcome:

- Hospitalised within last 90 days having undergone surgery and requiring no nursing care
- Illness that may or may not have required hospitalisation that has prevented attendance at work for more than 90 days to aid recovery and return to work. The applicant will not need any nursing care whilst away
- Serious illness not requiring hospitalisation or nursing care and diagnosed within the last 12 months
- A carer with day to day responsibility for a disabled dependant
- Bereavement of a partner or dependant child in the last six months
- Terminal illness
- Partner/dependant child has a terminal illness or suffering a chronic condition
- Traumatic event as a result of carrying out duties at work, which requires time off for recovery e.g.
 - Firearms incident
 - Relocation due to fear of personal safety
 - Stress related illness

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Application reviewed by:

Application:
(Tick as appropriate)

Accepted

Rejected

If rejected, please provide reason:

Application authorised by:
(If accepted)