

**PLEASE READ THESE NOTES.** To avoid delay, the form should be fully and properly completed. The Convalescent benefit is not regulated.

## Information for the Court Secretary

Notification of date of admission of a member to a convalescent home will be sent to the Court Secretary. Travel expenses are payable at the discretion of each individual Court. Please complete the form and forward to the Society.

Should the scale of charges be in excess of that authorised under the Society's scheme, the member will be required to pay the balance.

## Information for the member

Notification of date of admission is generally sent by the convalescent home direct to the member, who should act upon the instructions sent.

Should the scale of charges be in excess of that authorised under the Society's scheme, the member will be required to pay the balance.

## Conditions

Members must have belonged to the Society for a minimum of six months to qualify for the convalescent home benefit. Where an application is made for further Convalescent Home treatment within two years of the members having already received treatment for two weeks, a letter stating the special circumstances which necessitate the further treatment should be forwarded to the Court Helpdesk with the application form. Whilst the Convalescent Home benefit is available for all adult members, it must be appreciated that some Convalescent Homes have age limits.

## Information for the doctor

The doctor in consultation with the member, if necessary, may insert the name and address of any convalescent home considered suitable and likely to admit the patient.

## Important information

**Whilst every endeavour is made to accommodate members in need of convalescence, you are reminded that the homes are not hospitals and therefore nursing facilities are not available. However, the homes are supported by local surgeries.**

Once completed please return the form to:

Mrs Michelle Collins  
Court Services Manager  
Foresters Friendly Society  
Station Chambers  
The Boulevard  
Tunstall  
Stoke on Trent  
Staffordshire  
ST6 6DU

Please turn over to continue and complete this form

## This section is to be completed by the Court Secretary

### Important information for Secretaries

It is the member's responsibility to have the medical questionnaire completed by their doctor.

### 1. Applicant's details

Member's Name (in full)  Membership No

Address

Post code  Tel No

Date of birth         Age next birthday

### 2. Persons accompanying a member (if applicable)

If the member is being accompanied by a person **not eligible under the scheme and therefore responsible for their own costs**, please give details:

Name  Date of birth

Address

Post code  Tel No

### 3. Declaration

**I certify that for the purpose of the rules and procedures, the applicant is eligible to apply for the scheme.**

Court name and number

Secretary's name

Secretary's signature

**This section is to be completed by the member**

## 4. Data protection and consent

Member's Name (in full)  Membership No

**You must read and sign the data protection and consent box, otherwise this application cannot be processed. Please note that the convalescent benefit is not regulated.**

By applying for this benefit you consent to our processing of your personal information including sensitive information about your health and, if necessary, to contacting your doctor, social worker or other agencies involved in your care. We will use the information to assess your needs and eligibility for the benefit. Your personal information will be kept confidential and will only be shared with the service provider where appropriate.

The information that you provide on this form will be held by Foresters Friendly Society and used to set up and administer the grant for which you are applying and for other business purposes. Further information about how we hold and use your personal information is available on our website ([www.forestersfriendlysociety.co.uk/privacy-policy](http://www.forestersfriendlysociety.co.uk/privacy-policy)).

Member's signature  Date

## 5. Convalescent home details

Which home do you wish to attend? Bridlington  Other (please specify)

Length of stay 1 week  2 weeks

Preferred dates  to

## 6. Undertaking by friend or relative not attending the home

I hereby agree to collect the member from the home if and when required to do so and to be responsible for the costs.

Print name  Date

Address

Post code  Tel No

Signature

## 7. Testimonial

If your application is successful, Foresters Friendly Society would like you to provide a testimonial on your experience and how you have used the grant for use in our printed publications, online advertising and other marketing activities. This can be anonymised if preferred.

If you are happy to provide this, please tick the relevant box below:

I confirm that if successful, I am happy to be contacted regarding my Convalescent Home benefit:  
by Head Office  by my Court Secretary

## 8. Foresters Care

All members have access to our Foresters Care service. At times like these you may benefit from speaking to someone who understands their situation, has the time to listen and help address your concerns. Foresters Care can provide additional help – a friendly listening ear, practical information and much needed emotional support. Members can contact Foresters Care on 01244 625180, Monday - Friday, 9am - 5pm.

If you would like us to arrange for a Personal Nurse Advisor to call, please leave your preferred contact telephone number:

**This section is to be completed by the doctor of the applicant**

**9. Important information for doctors**

Your patient has applied for the Society's convalescent home benefit. This enables members to stay in a convalescent home approved by the Society to aid their recovery and improve their quality of life. We appreciate your assistance in completing this form so that the Society and the home can fully assess the patient's needs and qualification for a stay of up to two weeks. Thank you for your co-operation. If you have any questions please contact Foresters Friendly Society on 0800 101 8310.

**10. Patient details**

Name of patient  Date of birth

My patient would benefit from a stay in a convalescent home to assist with:

- Convalescence following a hospital stay
- Serious long term illness
- Bereavement (stay must be taken within two years of bereavement)
- Respite (e.g. break for carers)
- Recuperation from recent incapacity - please specify incapacity below

Other - please give details:

From your knowledge and medical records of the patient:

- a) Do they have any issues with travelling unaccompanied e.g. public transport/car? Yes  No
- b) Do they have any difficulties getting up and down stairs, waiting upon themselves and/or taking daily walks? Yes  No
- c) Do they have any specific dietary requirements? Yes  No
- d) Have they been exposed to an infectious disease(s) within the last four weeks? Yes  No
- e) Are any diseases likely to be problematic or injurious to other patients? Yes  No
- f) Are there any open wounds that need constant dressing/care? Yes  No
- g) Do they have problems with any form of incontinence? Yes  No
- h) Have they suffered from or been in contact with MRSA? Yes  No
- i) Do you have any mental health concerns? Yes  No

If you have answered YES to any of the questions (a-i) please respond in full below, continuing on a separate sheet if necessary

Details of medication (if required). Please attach computer print off of medication if preferred.

Name (please insert medical qualification)

Signature  Date

Address

Tel No

## For information

**Your attention is drawn to the following conditions as examples which may make a member ineligible for convalescence**

- Persons who still require surgical/medical treatment and/or nursing
- Persons with pulmonary tuberculosis
- Persons whose condition/illness renders them problematic to others
- Persons recovering from infections or contagious diseases
- Persons with a serious physical disability
- Pregnant patients or women with nursing babies
- Persons with an advanced malignant disease
- Persons who have problems with incontinence

## How to get in touch

### Write to:

Foresters Friendly Society  
Station Chambers  
The Boulevard  
Tunstall  
Stoke on Trent  
Staffordshire, ST6 6DU

Tel: 0800 101 8310

Visit: [www.forestersfriendlysociety.co.uk](http://www.forestersfriendlysociety.co.uk)

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