



Application for physical rehabilitation support

Please read the notes below carefully before completing the application form.

Your application can not be considered until we receive your completed form. The information you provide will be treated as confidential and in line with General Data Protection Regulation (GDPR).

Please provide as much detail as possible to help us fully understand your circumstances and enable us to recommend the most appropriate support option for you.

Can we help you?

We will only consider applications from people who satisfy the following criteria:

- **Must be in need and any assistance given must be beneficial to the individual**
- **A UK resident who has worked within the UK, UK dependencies or Gibraltar. Apart from the dependencies and Gibraltar, support is not offered to overseas applicants or their dependents. Overseas work is not included within the minimum 12 months service requirement**

Be one of the following:

- Have worked for an NHS ambulance service or a CQC-registered independent/private ambulance service for at least 12 months (can be currently serving or retired)
- A student of a Paramedic Science course from year two onwards
- A current volunteer with a UK ambulance service who has been volunteering with the service for at least three years

We will also consider applications from spouses, widowed partners, children and other dependents of current or former ambulance staff who have served for at least 12 months.



To support your application, you will also need to provide a letter of support from a medical professional who is not your line manager; for example, the letter could be from your GP, Physiotherapist, Consultant or Occupational Health Provider.

This letter must be on headed paper and should state that they believe that physiotherapy or a physical rehabilitation service would improve your circumstances. Please note that we cannot process your application until we have received both your completed form and your supporting letter.

Submitting your application form

Please return your completed application form and supporting letter to applications@theasc.org.uk, alternatively send your printed application form to:

TASC Wellbeing Support Team
TASC, The Ambulance Staff Charity
12 Ensign Business Centre, Westwood Way
Coventry, CV4 8JA

If you have any queries or require assistance to complete the form, please call the Wellbeing Support Team on 0800 1032 999 or email support@theasc.org.uk.

What happens next?

Once we have received your completed form and supporting letter, a member of our team will be in touch to discuss your application and support needs. If you have any questions in the meantime, please email support@theasc.org.uk

Unless otherwise indicated, please complete all the sections in this form.

Section 1 - Referrals

Are you filling in this form on behalf of someone else?

Yes

No

If you selected 'No' above, please skip to Section 2 – your personal details.

If you selected 'Yes' above, please enter **your details** below.

First name		
Surname		
Your relationship to the individual this form is about		
Email address		

Please re-enter your email address in the box below.

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The remaining questions in this form are about the person in need of support.

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Section 2 – your personal details

Are you a resident in the UK or a UK dependency?

Yes

No

Please select from one of the following:

I have served in an ambulance service for at least 12 months

I am a family member of someone who is serving or has served in an ambulance service for at least 12 months

I am a student in year 2 of a Paramedic Science course

I have been volunteering with a UK ambulance service for at least three years

If can't select one of the options above, then we may not be able to help you at this time. For more information, please visit www.theasc.org.uk/who-we-help or call **0800 1032 999** for more information.

Mr

Mrs

Miss

Ms

Other

First name	
Surname	
Maiden name	
Date of birth	

What is your current civil status?

Single

In a relationship

Married

Civil partnership

Divorced

Widowed

Separated

Contact details

Address	
Postcode	
Telephone	
Mobile	
Email address	

Please re-enter your email address in the box below.

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Section 3 – your employment

Please select one of the following:

I am currently in work

I have ceased work due to retirement

I have ceased work due to ill health

I have ceased work for another reason

Current employment details

If you are not currently working, please enter the details of your most recent employer.

Current employer	
Position held	
Dates to/from	

Section 4 – your health

To help understand your current situation and how we can help, we need you to fill in the questions below to provide details on how you're currently feeling and what support you have already received.

Why do you need physical rehabilitation/physiotherapy? E.g. do you currently have an injury, are you recovering from surgery or do you have a physical condition made worse by your work?

Is your need for rehabilitation due to an injury you received at work?

Yes

No

Are you experiencing any other symptoms, if so, what are they? E.g. poor mental health, lack of mobility?

Have you seen your GP about your condition/injury or the symptoms you listed above?

Yes

No

If you selected 'Yes' above, please provide details of the diagnosis, advice and any prescriptions given by your GP:

How is your physical health affecting your day-to-day life?

How is your physical health affecting your work? E.g. are you off sick, have your reduced your hours or been put on alternative duties.

What support would you like to receive from TASC?

If you would like to tell us anything else about your physical health, or if your finances or mental health are suffering, please include details here.

Section 5 – About TASC

How did you hear about TASC?

Employer	Manager	Colleague
Friend	TASC volunteer	Poster/leaflet
News article	Website	Online search
Facebook	Twitter	Instagram
LinkedIn	Advert	Other

If you selected 'Other' above, please provide details below:

Section 6 - Diversity

The below questions below are **optional** and will help us understand who is accessing TASC's support and how we can develop our services to reach more of the ambulance community.

What is your ethnic group?

White British	White Irish
White Other	Indian
Pakistani	Bangladeshi
Chinese	Other Asian background
African	Caribbean
Other Black/African/Caribbean background	Arab
White and Black Caribbean	White and Black African
White and Asian	Other Mixed/Multiple ethnic background

What is your religion?

Atheist	Buddhist	Christian
Hindu	Jewish	Muslim
No religion	Sikh	Other

Do you have a disability?

Yes

No

Declaration

The person in need of support must sign this form.

- I agree that the details provided in this application form and supporting information may be held in the manual and computer files of TASC.
- I agree that TASC may discuss my case with my GP, Social Worker or any other charity or body who may be helpful with my application.

We will not contact or share your information, including your employer without your permission. I agree that the persons contacted may disclose information to TASC. The information you have provided in this application form will be stored and processed in line with General Data Protection Regulations (GDPR) 2016/17.

Signature	
Date	

Thank you filling in TASC's application form

If you are filling in your application form on a computer, please remember to save your completed form before continuing.

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While you wait to hear back from us, which not check out our free Rightsteps portal which has lots of useful information and tips on a range of wellbeing topics, from anxiety and burnout to sleep difficulties and substance abuse. Visit our Rightsteps portal at www.theasc.org.uk/Rightsteps