The Police Rehabilitation Centre Expenses – Patient’s Claim Form

Patient's name:

Rank and number: Stationed at:

Home address (Include Postcode):

Telephone.

Preferred email address.

Date of stay at the Centre: From. To.

Medical condition:

COMPLETE THIS SECTION IF YOU TRAVELLED BY CAR:

The distance from my home to the Rehabilitation Centre ( Postcode RG8 0LL) is miles.

The Benevolent Fund will pay for one return trip per visit. This is whether or not you choose to stay at the centre during the middle weekend or whether due to Covid or other circumstances that option is not even available to you.

COMPLETE THIS SECTION IF YOU TRAVELLED BY RAIL:

The cost of a second class return rail fare from the station nearest my home to the Rehabilitation Centre is:

COMPLETE THIS SECTION ONLY IF YOU DID NOT DRIVE YOURSELF:

We may consider paying a mileage allowance for two return trips if, because of your medical condition, you were not able to physically drive to Flint House yourself and you were not physically able to travel by rail.

Were you physically UNABLE to drive a motor car at the time? Yes / No

and

Were you physically UNABLE to travel to the Home by rail? Yes / No

Driver's name and address (include Force Number if a police officer)

The above-named made two return journeys Yes / No The above-named used a private vehicle Yes / No

............................................................................................................................................

To enable your expenses to be paid directly into your bank account please provide the relevant details:

SORT CODE: ACCOUNT NUMBER:

SIGNED: Date

Claims must be submitted ASAP or at the latest within 3 months of your visit to Flint House.

Claims submitted beyond will only be paid in exceptional circumstances.

 When complete email this form to office@kpbf.org.uk

FOR FUND USE ONLY:

 …………… miles @ 45p per mile . £ ...........................