

F Professional details

Please complete the section that is relevant to your type of work. **Please note** – your subscription will be based on the average number of sessions you work in a week. A session is each 4 or part of 4 hours worked. To calculate your average weekly sessions take the average number of hours you work per year, divide it by 52 and then divide by 4.

F1 Dentist

Please tick your type of work and indicate the number of sessions worked per week. You may tick more than one option.

Type of work	Number of sessions per week
General Dental Practitioner*	<input type="checkbox"/>
Dental SHO	<input type="checkbox"/>
Dental SPR	<input type="checkbox"/>
Dental staff grade	<input type="checkbox"/>
Oral surgeon	<input type="checkbox"/>
Maxillo facial surgeon	<input type="checkbox"/>
NHS indemnified dentist**	<input type="checkbox"/>
Dental Reference Officer	<input type="checkbox"/>
Non-clinical practice	<input type="checkbox"/>
Dental clinical fellow	<input type="checkbox"/>
Keep in Touch Scheme (KITS)	<input type="checkbox"/>

*General Dental Practitioner – we mean a general or specialist dental practitioner working mainly or wholly in the NHS General Dental Services, NHS Personal Dental Services and/or private dental practice.

**NHS indemnified dentist – we mean a dental practitioner who works mainly or wholly for an NHS hospital or community/primary care trust as an employee and who is indemnified by the NHS in respect of their contractual duties for the trust.

Please complete the following as appropriate:

What percentage of your work is NHS indemnified and private/non-indemnified?: NHS indemnified % Private/non-indemnified %

In the course of the work listed above, please state if you undertake any of the following.

Please tick all that apply and complete as appropriate:

	Number of sessions per week	Do you require DDU indemnity?
• the placement of osseointegrated implants, intra-oral bone harvesting, sinus lifts and/or the provision of implant retained protheses, fixed or removable	<input type="checkbox"/>	N <input type="checkbox"/> Y <input type="checkbox"/>
• extra-oral bone harvesting	<input type="checkbox"/>	N <input type="checkbox"/> Y <input type="checkbox"/>
• the botulinum toxin/non-permanent resorbable dermal fillers, performed to the lips or face but excluding the neck	<input type="checkbox"/>	N <input type="checkbox"/> Y <input type="checkbox"/>

If indemnity is required, please provide details of training undertaken _____

Do you hold both dental and medical registration? N Y

If 'yes' please describe your current practice _____

Are you currently undertaking or have you ever undertaken vocational training/general professional training/foundation training? N Y

If yes, please specify: Start date: _____ End date: _____
 ____/____/____ ____/____/____

Have you completed an IQE / ORE? N Y

If yes, please give qualification date: ____/____/____

F2 Dental care professional

Please tick your type of work and complete as appropriate.

Type of work	Number of sessions per week	Do you undertake toothbleaching
Dental hygienist <input type="checkbox"/>	<input type="checkbox"/>	N <input type="checkbox"/> Y <input type="checkbox"/>
Dental therapist <input type="checkbox"/>	<input type="checkbox"/>	N <input type="checkbox"/> Y <input type="checkbox"/>

If you currently undertake toothbleaching, please provide details of training undertaken _____

If you are in another DCP group – please download a DCP application form from our website at the-ddu.com or call our freephone membership helpline on **0800 085 0614** for a copy.

G General questions Please answer all questions

G1 Are you aware of any complaints or claims that have been brought or threatened against you, or of any incidents which could lead to such a complaint or claim? N Y

- G2** Are you aware of any circumstances which could lead to disciplinary action or suspension from practice? N Y
- G3** Are you aware of any circumstances, irrespective of their seriousness, which could lead to investigation, suspension, the imposition of restrictions or conditions on your registration or licence to practise, or your removal from a professional register or of your licence to practise, by a registration body? N Y
- G4** Have you ever been the subject of disciplinary action arising from your professional practice, irrespective of the merits or seriousness of the matter that led to this? N Y
- G5** Have you ever had conditions attached to your professional practice, been suspended from practice or dismissed from practice? N Y
- G6** Have you ever been the subject of investigation by a registration body (e.g. GMC/GDC screening/investigation stage onwards) or other body (e.g. NCAS), or the equivalent body in another country? N Y
- G7** Have you ever been the subject of an adverse finding by a registration body (e.g. GMC/GDC screening/investigation stage onwards) or other body (e.g. NCAS), or the equivalent body in another country? N Y
- G8** Have you ever been refused registration or licence to practise or been erased from registration or had your licence to practise removed by a registration body? N Y
- G9** Have you ever had any restrictions or conditions imposed on your registration or licence to practise by a registration body? N Y
- G10** Has any professional indemnity insurer ever declined to insure you, required special terms to insure you, or cancelled or refused to renew your insurance? N Y
- G11** Has any defence organisation or indemnifier declined to offer you membership or refused to renew your membership or terminated your membership? N Y
- G12** Has any defence organisation or indemnifier ever sought to impose special conditions on your membership or required an increased subscription? N Y
- G13** Have you ever been convicted of a criminal offence, or received a formal Police Caution? (Including any motoring offences, even if you were fined but not imprisoned). N Y
- G14** Have you ever been bankrupt or subject to insolvency proceedings, or entered into or proposed any voluntary arrangement with creditors? N Y
- G15** You must tell us if there are any other facts or circumstances that may be relevant to our considering your application.

- G16** Do you prescribe alternative or complementary medicines or carry out alternative or complementary procedures? N Y
- G17** Do you provide, or are you involved in the provision of chirodantics, orthotropics, dento-facial orthopaedics, cervico-spinal treatment, the treatment of TMJ disorders, or any work that involves other professions, such as osteopaths, chiropractors, or physiotherapists? N Y
- G18** Do you have any other clinical work for which you require indemnity? N Y
If yes, please provide full details continuing on a separate sheet of paper, if necessary.

- G19** Do you do anything which is not classified as normal for your specialty/group, for which you require indemnity and about which you have not already told us? If yes, please provide full details continuing on a separate sheet of paper, if necessary. N Y

- G20** Are you a: Practice Principal* Non-Practice Principal*

*A 'Practice Principal' is defined by the DDU as a member who does any of the following:

- Employs any staff who work in a dental practice.
- Commissions clinical services to be provided in a practice by other GDC registered dental professionals.
- Owns or runs a dental practice or a clinical facility, either as a sole practitioner or with others.
- A dental director of a dental body corporate, or a partner in a limited liability or other dental practice partnership, including expense sharing arrangements.
- An independent contractor 'provider' of NHS General Dental Services to a Primary Care Trust or Health Board (does not include dentists employed directly by the PCT or Health Board).

If you answered 'yes' to questions **G1-G14**, please provide full details in the box provided and make sure you have covered the following:

- the date the incident took place;
- whether you contacted your defence organisation or indemnity provider, and if so, which organisation;
- a brief summary of the case and the relevant details (please **do not** identify the patient in any way);
- your involvement in it;
- details of any legal or indemnity payments made, if you are aware of this;
- the eventual outcome (if not known, please state what the position was when you last heard).

In respect of question 5, please indicate whether your dental defence organisation or indemnity provider has declined to assist or indemnify you, wholly or partly, as a consequence of the decision. (Please do not send any **original** documents with this application.)

Please continue on a separate sheet of paper if necessary.

H Why have you chosen to apply for DDU membership?

Please tick all that apply:

- Security of insurance
- Dental Advantage
- Personal recommendation
- Subscription rates
- Dissatisfaction with previous defence organisation
- Other (please give details in space provided) _____

Notes

Before returning this form please check you have:

- Completed each section
- Completed your payment choice
- Signed the statement on page 1
- Detached this form from the guide, retaining the guide for your reference.

Thank you. Return your completed form to: Membership Department, The DDU, MDUSL, 230 Blackfriars Road, London, SE1 8PJ.

For membership queries please call the freephone membership helpline on
UK 0800 085 0614

Lines are open Monday to Friday, 8am to 6pm

I Paying your subscription

Your prospective membership will commence from the date that your completed application form is received by our membership department unless you specify a start date after this. Should you require your prospective membership to commence from today, please complete the Application Request form on our website, go to **the-ddu.com** and click on 'Apply now', or call the **freephone membership helpline** on **0800 085 0614** (Mon to Fri, 8am to 6pm).

Date membership to commence: ____ / ____ / ____

Subscription amount (including insurance premium) £ _____

If the subscription amount does not appear above call our freephone membership helpline on **0800 085 0614** (Mon to Fri, 8am to 6pm).

Please be aware that subject to the information you provide and the date you submit your application, your subscription rate may change. If this is the case you will be informed prior to your being accepted into membership.

Please note that processing of your payment does not constitute acceptance of your application for membership. Your payment will be refunded if your application is not successful. For your peace of mind we recommend you pay by Direct Debit and we have two options for your convenience. We can debit your account for the full amount each year (see below), or you can pay by monthly Direct Debit instalments (see overleaf). You only need to fill in the relevant mandate once and it will roll over from year to year. You are protected by the Direct Debit safeguards and can cancel your authority at any time by writing to your bank or building society.

For annual Direct Debit (single annual payment of full amount) please complete below and for other payment options please see next section

J Annual Direct Debit payment option

Annual Direct Debit (single annual payment of full amount). Please complete the Direct Debit mandate below.

Annual Direct Debit mandate

Instructions to your Bank/Building Society to pay by Direct Debit:
Please complete parts J1–J4 to make payments directly from your account



J1 To: The Manager

Postcode _____ (full name and postal address of Bank/Building Society – including postcode)

J2 Name of account holder _____

J3 Bank/Building Society account no

Bank sort code Originator's identification no. **991121**

J4 Your instruction to the Bank/Building Society and signature:

- I instruct you to pay Direct Debits from my account at the request of MDU Services Limited.
- The amounts are variable and may be debited on various dates.
- I understand that MDU Services Limited may change the amounts and dates only after giving me prior notice.
- I will inform the Bank/Building Society in writing if I wish to cancel this instruction.
- I understand that if any Direct Debit is paid which breaks the terms of the instructions, the Bank/Building Society will make a refund.

Signature _____ **Date** ____ / ____ / ____

Banks/Building Societies may decline to accept instructions to pay Direct Debits from some types of account.

Direct Debit Guarantee

- This guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit MDU Services Limited will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request MDU Services Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by MDU Services Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
 - If you receive a refund you are not entitled to, you must pay it back when MDU Services Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

k Alternative payment options

Monthly Direct Debit instalments (no immediate payment is required - a separate form will be sent to you). Please note that if you choose to pay by monthly Direct Debit instalments, there may be a small credit charge. Please do not complete the annual direct debit mandate as this only applies to single annual payment of the full amount.

Cheque. Please enclose a cheque made payable to 'MDU Services Limited'.

Debit/credit cards. Single annual payment of full amount.

Maestro Visa Debit Visa Mastercard Name of cardholder _____

Signature of cardholder _____

Address of cardholder _____

My card number is

Last 3 digits of security code (from reverse of card)

Expiry date ____/____/____ Issue no (Maestro only) _____ Start date ____/____/____

Declaration and agreement

I hereby apply for DDU membership of The Medical Defence Union Limited (**the MDU**), in accordance with its Memorandum and Articles of Association, and apply to SCOR UK Company Limited (**SCOR**) and International Insurance Company of Hannover Limited (**Inter-Hannover**) for professional indemnity insurance.

I understand and acknowledge that

- The Dental Defence Union is the specialist dental division of The Medical Defence Union Limited and references to the **DDU** and membership of the DDU mean the MDU and membership of the MDU;
- MDU Services Limited (**MDUSL**) is the service company for the MDU and DDU and any notices or information which I am required to give to the MDU or DDU should be sent to MDUSL;
- professional indemnity insurance cover is provided by a policy underwritten by SCOR and Inter-Hannover, subject to the terms and conditions of the policy;
- other benefits of membership of the DDU are discretionary and are subject to the MDU's Memorandum and Articles of Association;
- benefits may be granted to me only as long as I comply with the laws on registration and licensing in force in any country where I practise or engage in postgraduate study;
- removal from a professional register (even if voluntary) or any change in registration should be notified to the DDU as this will affect membership;
- with the exception of Good Samaritan acts, the benefits of membership do not extend to any practice undertaken in the USA or Canada or any litigation which may arise in these countries or in the territories and principal island groups under their sovereignty. Restrictions also apply for other countries;
- I must notify the DDU in writing of any change in address, country or practice or any other circumstance which may be relevant to membership;
- a condition of membership of the DDU is that any misrepresentation or misstatement in, or omission of, any information which is likely to influence the acceptance or assessment of this application, whether intentional or not, is cause for immediate rejection of this application or termination of membership and that in such circumstances all benefits of membership of the DDU may be withdrawn or denied;
- non-disclosure or misrepresentation of any material fact in this proposal for professional indemnity insurance by SCOR and Inter-Hannover will entitle SCOR and Inter-Hannover to avoid the insurance and that if I am in any doubt as to whether a fact is material or not, I must disclose it. A "material fact" is one likely to influence acceptance or assessment of this proposal for professional indemnity insurance by SCOR and Inter-Hannover;
- the professional indemnity insurance provided by SCOR and Inter-Hannover will not commence until my application for membership of the DDU has been accepted.

I declare that

- to the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts;
- I accept the professional indemnity insurance subject to the terms and conditions of the policy.

Data protection

Note: The MDU/DDU's privacy policy, which can be found in the application guide and on the DDU website at the-ddu.com/privacy, sets out:

- that the DDU, MDU, MDUSL and other Permitted Users will keep and use your personal information;
- the purposes for which your personal information will be used and what the DDU, MDU and MDUSL can send to you, including marketing communications.

Please read the privacy policy carefully as your signature on page 1 of this application is your consent to the way in which your personal data may be used.

Marketing communications

The DDU will send you materials it thinks will be of interest to you. You can choose NOT to receive these by ticking below or, at any time in the future, updating your preferences on the DDU website at the-ddu.com. You may also write to the membership department at 230 Blackfriars Road, London, SE1 8PJ or email membership@the-ddu.com

I do NOT wish to receive:

- the DDU Journal or similar publications
- email communications including dento-legal updates
- other direct marketing communications about similar products and services.

Statutory communications

I agree to:

- having access to the MDU's annual accounts, directors' report and auditor's report, and any other documents or information sent or supplied by the MDU, on the MDU website at the-mdu.com;
- notice of general meetings of the MDU being given to me by access on the MDU website, together with details of any proxy appointment deadlines;
- being notified by electronic mail of the publication or availability of notice of general meetings, or any other documents or information sent or supplied by the MDU, on the MDU website, the address of the website, the place on the website where the documents or information may be accessed and how the documents or information may be accessed;
- being sent or supplied by the MDU with notice of general meetings or any documents or information, by electronic mail;
- notify the DDU of my email address, which may be used for sending electronic mail for the above purposes. Any email address given by me elsewhere on this form is the relevant email address for this purpose, until I notify any change. I understand that if the DDU does not have my email address, I will receive notification by post instead of electronically;
- notify the DDU of changes in my email address.

Further information on electronic communication and statutory information, including any system requirements, is available at the-mdu.com/agm. If you wish to receive statutory communications by post instead of electronically, please tick here