

CONSULTANTS, SPECIALISTS, HOSPITAL DOCTORS AND OTHER HEALTHCARE PROFESSIONALS - IRELAND



Application for MDU membership

Please print your answers clearly, using black or blue ink. Please complete all sections of this form, read the declaration and agreement on page 7 and sign the statement at the bottom of this page. Incomplete or unsigned forms cannot be processed and will be returned. Should you have any questions, please call our membership helpline on **1800 509 132** (open on Monday to Friday, between 8am and 6pm).

A Personal details

Former MDU number (if applicable)

Surname Forenames

Former Name Date of birth

Title Gender Male Female

Preferred correspondence address (Please indicate Home Work)

Permanent address if different from above (Please indicate Home Work)

Mobile telephone Work telephone

Home telephone Fax number

Contact email (Please indicate Home Work)

Secondary email (Please indicate Home Work)

B Other details

Registration No

Registration body (for example: IMC) Full Limited

Registration date Registration expiry

C Academic details

Country of Qualification	Name of training establishment	Date of Qualification	Qualifications obtained
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

D Previous professional Indemnity Insurer

Company	Start date	End date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

E Main country in which you practice

Statement

Please complete and sign the form here

I confirm that the information provided within this form is complete and an accurate representation of my practice. I have read and understood the declaration and agreement on page 7 of this application. I authorise and request my former medical defence organisation, insurance company or indemnity provider to release information to MDU Services Limited (MDUSL) regarding: my membership; my insurance or indemnity contract; complaints of a medico-legal nature; claims or actions for damages or compensation, past or present, during my period of membership and / or indemnity, whether or not there has been a final resolution, and I consent to the disclosure of such information to the MDU.

Signature Date

Office use only

Prospect Number
Start date
Form check
Indemnity check

F Professional details

Please complete this section and then move on to the general questions

Intern	<input type="checkbox"/>	SHO Year 1	<input type="checkbox"/>	SHO Year 2+	<input type="checkbox"/>	Other (please specify)	<input type="text"/>
Registrar	<input type="checkbox"/>	Senior Registrar	<input type="checkbox"/>	Consultant / Specialist	<input type="checkbox"/>	<input type="text"/>	
Are you full time	<input type="checkbox"/>	part time	<input type="checkbox"/>	What is your specialty	<input type="text"/>		
Amount of non-indemnified income* earned annually	€			<input type="text"/>			

*Non-indemnified income means income generated from any medical work undertaken where no other form of indemnity is in place, for example: enterprise liability. Pre-tax annual income, before deduction of expenses, should be notified.

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 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? 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. IMC/ IDC screening stage onwards) or other body, 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. IMC/ IDC screening stage onwards) or other body, 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 of conditions imposed on your registration or licence to practise by a registration body? N Y

G10 Has any medical defence organisation or professional indemnity provider ever declined to insure, assist or indemnify you, required special terms to insure you, cancelled or refused to renew your insurance or indemnity? N Y

G11 Has any medical defence organisation declined to offer you membership or refused to renew your membership or terminated your membership? N Y

G12 Have you ever been convicted of a criminal offence, including receiving a Legal Caution? N Y

G13 Have you ever been bankrupt or subject to insolvency proceedings, or entered into or proposed any voluntary arrangement with creditors? N Y

G14 If you answered 'yes' to questions G1-G13 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 medical defence organisation or professional 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 G5, please indicate whether your medical defence organisation or professional indemnity provider has declined to assist or indemnify you, wholly or partly, as a consequence of the decision.

(Please continue on a separate sheet of paper if necessary. Please do not send any **original** documents with this application.)

You must tell us if there are any other facts or circumstances that may be relevant to our considering your application

G15 Do you perform e-consultations? N Y

G16 Do you prescribe alternative or complementary medicines or carry out alternative or complementary procedures? N Y

G17 Do you carry out cosmetic procedures (any procedures whose primary aim is to improve cosmetic appearance)? N Y

If 'yes', please indicate which procedures :

- Botox
- Collagen fillers (Restylane)
- Facial peels
- Hair removal (laser)
- Hair transplant
- Liposuction
- Tattoo removal
- Thread veins
- Other - provide details in box below

Number of hours and income per month

G18 Do you carry out any procedures involving lasers? N Y

If 'yes', and different from the answers given in G17 please specify

G19 Do you have any non-indemnified clinical work for which you require MDU benefits of membership? N Y

Or do you do anything which is not classified as normal for your specialty, and about which you have not already told us? N Y

Please give full details including hours and income per month

H Questions specific to practice

H1 Do you perform locums in specialties other than your main position? N Y
If 'yes' please give details including specialty, hours and income per month and whether indemnified or not

H2 Are you an appointed sports club doctor? N Y
If 'yes' please give club name and indicate number of hours and income per month

H3 Do you attend sporting events in a professional capacity more than 3 times per annum? N Y
If 'yes' please indicate Which sporting events: Number attended per year
Soccer
Boxing
Horse-riding
Rugby
Other - please provide details in box below

H4 What percentage of your work is state indemnified?

H5 Do you have any special interests? N Y
If 'yes' please specify

H6 Do you do any overseas work, including the UK? N Y
If you answered 'yes' to the above question, do you require MDU benefits of membership? N Y
If 'yes' please indicate types of work and hours and income per month

I Questions specific to specialty
Please only answer the questions that relate to your specialty, then move on to section J. Not all specialties will have questions in this section.

I1 General Surgery Are you undertaking laparoscopy in the private sector? N Y

I2 Intensive Care Are you undertaking non-indemnified ITU work? N Y

I3 Gynaecology Are you undertaking urogynaecology in the private sector? N Y
If 'yes' please specify number of procedures and income per month
Are you undertaking laparoscopic surgery in the private sector? N Y
If 'yes' please specify number of procedures and income per month

I4 Ophthalmology, Ophthalmic Medical Practice and Medical Ophthalmology
Are you undertaking refractive surgery in the private sector? N Y
If 'yes' please indicate Which procedures: Number performed and income per month
PRK
LASIK
LASEK
Other - please provide details in box below

Are you undertaking retro-/ peri-bulbar blocks in the private sector? N Y
If 'yes' please specify number of procedures and income per month

I5 Orthopaedic Surgery

Are you undertaking spinal surgery in the private sector?

N Y

If 'yes' please specify number of procedures and income per month

I6 Paediatrics

Are you undertaking non-indemnified neonatology?

N Y

If 'yes' please specify number of procedures and income per month

I7 Radiology

Are you routinely undertaking interventional procedures in the private sector?

N Y

If 'yes' please specify number of procedures and income per month

J 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 call the freefone membership helpline on 1800 509 132 (Mon to Fri, 8am to 6pm).

Date membership to commence: / /

Subscription amount €

If the subscription amount does not appear above call our freefone membership helpline on 1800 509 132 (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, or you can pay by monthly direct debit instalments. 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.

K Payment methods

• Annual Direct Debit instalment (single annual payment of full amount) Please complete and return a Direct Debit mandate

N Y

• Monthly Direct Debit instalments (no immediate payment is required - a separate form will be sent to you)

N Y

Please note that if you choose to pay by monthly Direct Debit instalments, there may be a small credit charge. Please do not complete an 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'

N Y

• Debit / credit cards (single, annual payment of full amount). Please call our membership helpline on **1800 509 132** to arrange your payment or complete the details below

N Y

Maestro Delta Visa Mastercard

My card number is:

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

Start date / Expiry date /

Issue Number (Maestro only)

Name of cardholder

Address of cardholder

Signature of cardholder

Instruction to your bank or building society to pay by direct debit

Please complete parts 1 - 4 to make payments directly from your account and return to: The MDU, 230 Blackfriars Road, London SE1 8PJ



Originator's identification no:

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1. Name and full postal address of bank or building society

To: The Manager	Bank/Building Society
Address:	

4. 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 Ltd
- The amounts are variable and may be debited on various dates
- I understand that MDU Services Ltd 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

2. Name(s) of Account Holder(s)

Name:

BLOCK CAPITALS PLEASE

3. Bank/Building Society account no:

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MDU membership no:

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Bank Sort Code:

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Signature(s):

Date:

Banks and building societies may decline to accept instructions to pay Direct Debits from some types of accounts



THE DIRECT DEBIT GUARANTEE

- * This is a guarantee provided by your own Bank as a member of the Direct Debit scheme in which Banks and Originators of Direct Debits participate.
- * If you authorise payment by Direct Debit, then
 - MDU Services Limited will notify in advance of the amounts to be debited to your account.
 - Your bank will accept and pay such direct debits, provided that your account has sufficient available funds.
- * If it is established that an unauthorised direct debit was charged to you account, you are guaranteed a prompt refund by your Bank of the amount so charged.
- * You can cancel the Direct Debit in good time by writing to your Bank. Please also send a copy of your letter to us.

Declaration and agreement

I hereby apply for membership of The Medical Defence Union Limited (the MDU), in accordance with its Memorandum and Articles of Association.

I understand and acknowledge that

- Benefits of membership of the MDU are discretionary and are subject to its 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 MDU Services Limited (MDUSL) 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 MDUSL 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 MDU 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 MDU may be withdrawn or denied.

I declare that

- To the best of my knowledge and belief the information provided in connection with this application, whether in my own hand or not, is true and I have not withheld any material facts. A material fact is one likely to influence acceptance or assessment of this application. (If you are in any doubt as to whether a fact is material or not you must disclose it);
- I have read and understood the contents of this application and any information which accompanies it.

Data protection

I consent to MDUSL, the MDU and any of its insurers and reinsurers (Permitted Users) holding and using the information I provide, or which is provided by third parties about me, including sensitive personal data (Data) for the administration of, or any other purpose associated with or which flows from, my membership of the MDU, risk management and assessment, and advisory purposes (Permitted Purposes). I consent to each of the Permitted Users disclosing the Data to each other, legal advisors, and regulatory bodies and to other medical defence organisations as part of their advisory and claims handling process as well as to third party providers including for credit reference purposes. I acknowledge that some of this Data may be transferred outside the European Economic Area for administrative purposes.

I consent to MDUSL using my Data for marketing purposes and to sending other materials that it thinks may be of interest to me. I understand that at any time in the future I can ask not to receive direct marketing or such other materials, including The Journal and MDU publications and information about new products and services from MDUSL, by writing to the MDUSL marketing department at 230 Blackfriars Road, London SE1 8PJ, or by ticking here

I also understand that if I object to any of the processing undertaken I can write to the MDUSL membership department at the above address notifying them of such objection and such processing will, where possible, be discontinued or limited as necessary where full processing cannot be discontinued because of the nature of the Permitted Purposes.

I acknowledge that the Data may be held by the Permitted Users for the duration of my membership or such other period as the MDU and/or MDUSL may require for the Permitted Purposes. I acknowledge that I have the right to apply for a copy of my Data in accordance with the provisions of the Data Protection Act 1988 and the Data Protection Act (amendment) 2003 (for which MDUSL may make a small charge) and have any inaccuracies corrected where I have given specific details of such inaccuracies and have provided sufficient evidence to MDUSL that such matters are, indeed, inaccurate. Where such evidence is insufficient, MDUSL agrees to place a note on my file noting my objections.

MDUSL reserves the right to use Data relating to complaints and claims in an anonymised format for risk management purposes. Telephone calls to MDUSL may be recorded for training, monitoring and other purposes as MDUSL may require from time to time. The MDU and MDUSL will take my return of this form as an indication that I consent to all the above uses of my Data.

I agree to:

- Having access to the MDU's Annual Accounts, Directors' Report and Auditors' Report on the MDU web-site, at www.the-mdu.com
- Notice of general meetings of the MDU being given to me by access on the MDU web-site;
- Being notified by electronic mail of the publication or availability of these documents or the notice on the MDU web-site, the address of the site and the place on it where these documents may be accessed;
- Notify the MDU of my e-mail address (see elsewhere on this form). I understand that if the MDU does not have my e-mail address, I will receive notification by post instead of electronically;
- Notify the MDU of changes in my e-mail address.

Further information on electronic communication and statutory information, including any system requirements, is available at www.the-mdu.com.

If you wish to receive statutory communications by post instead of electronically, please tick here

Notes

Return completed form to: Membership Department, MDUSL, 230 Blackfriars Road, London, SE1 8PJ

Before returning this form please check you have:

- Completed each section.
- Selected your payment choice.
- Signed the statement on page 1.

Thank you.

MDU Services Limited (MDUSL) is authorised and regulated by the Financial Services Authority in respect of insurance mediation activities only. MDUSL is an agent for The Medical Defence Union Limited (the MDU). The MDU is not an insurance company. The benefits of membership of the MDU are all discretionary and are subject to the Memorandum and Articles of Association.

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