



MDU application for membership and proposal for professional indemnity insurance

Non-consultant hospital doctors and training grades

Please detach this form from the application guide and print your answers clearly, using a black or blue pen. 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. For your own protection you should also read the application guide and any other information which accompanied this application form. If you do not understand any point, please ask us for further information.

A Personal details

Please write in CAPITALS

Date of birth	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Former MDU number (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Title	<input type="text"/>	Surname	<input type="text"/>
Forenames	<input type="text"/>	Previous surname (if applicable)	<input type="text"/>
		Gender	<input type="text" value="M"/> <input type="text" value="F"/>
Home address	<input type="text"/> <input type="text"/> <input type="text"/>		
	Please tick to send correspondence to this address:.. <input type="checkbox"/>		
Work address	Organisation: <input type="text"/>		
	Address: <input type="text"/>		
	Please tick to send correspondence to this address:.. <input type="checkbox"/>		
Preferred email	<input type="text"/>	(Please tick home or work).	<input type="text" value="H"/> <input type="text" value="W"/>
Secondary email	<input type="text"/>	(Please tick home or work).	<input type="text" value="H"/> <input type="text" value="W"/>
Contact number(s)	Mobile <input type="text"/>	Alternative <input type="text"/>	(Please tick home or work). <input type="text" value="H"/> <input type="text" value="W"/>

B Academic details

Please write in CAPITALS

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"/>

C Previous professional indemnity history (since qualification)

Please write in CAPITALS

Company	Start date	End date	Registration no / Membership no
<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"/>

Reason for any gaps (e.g. parental leave or only doing work indemnified by NHS bodies)

Please complete the form and sign below

I confirm that the information provided within this form is complete and an accurate representation of my practice. I consent to all use and processing of my personal data in accordance with the terms of the MDU/DDU's privacy policy. I agree to receive notices, documents and other information from the MDU by electronic communication unless I have indicated otherwise on page 7.

I authorise and request my current and any former medical defence organisation, insurance company or indemnity provider to release to MDU Services Ltd information regarding my membership or 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, SCOR UK Company Limited (SCOR) and International Insurance Company of Hannover Limited (Inter-Hannover).

Office use only

Signature Date

D Other details

Please write in CAPITALS

GMC registration number

Do you have 'registration only' or 'registration with a licence to practise'?

Are you on the Specialist Register of the GMC? N Y

If so, please advise which specialty/specialties

E General questions

Please tick relevant answer

- E1 Are you aware of any incidents or circumstances involving you, irrespective of their seriousness, which could lead to an investigation, complaint, claim, disciplinary action, legal dispute, suspension from practice, 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
- E2 Have you, in the last 10 years, had any complaints or claims brought or threatened against you, irrespective of their merits or seriousness? N Y
- E3 Have any concerns ever been raised about your conduct, clinical practice or performance, educational progress, business administration or probity by an employer, medical school, NHS Trust, clinical colleague or any other body? (e.g. the Care Quality Commission or a private hospital) N Y
- E4 Have you ever been the subject of an investigation or action under a disciplinary process or the NHS Performers List Regulations, irrespective of the merits or seriousness of the matter that led to this? N Y
- E5 Have you ever been suspended or dismissed from a post or had practice privileges or admitting rights withdrawn, suspended or made subject to restrictions or conditions? N Y
- E6 Have you ever been the subject of an investigation or an adverse finding by a registration or licensing body? (e.g. GMC/GDC – case examiner stage onwards) or any other body, e.g. the National Clinical Assessment Service or a Royal College) N Y
- E7 Have you ever had restrictions or conditions imposed on your registration or licence to practise, or been removed, refused or erased from registration or had a licence to practise withdrawn or refused, by a registration or licensing body? N Y
- E8 Have you ever been charged with, or convicted of, a criminal offence, or received a formal Police Caution? (Including any motoring offence even if you were fined but not imprisoned but excluding fixed penalty notices for speeding offences or parking tickets) N Y
- E9 Has any professional indemnity insurer or medical defence organisation ever declined to indemnify you, required special terms to indemnify you, cancelled or refused to renew your policy or membership or charged you an additional premium/subscription? N Y
- E10 Have you ever been bankrupt or subject to insolvency proceedings, or entered into or proposed any voluntary arrangement with creditors? N Y
- E11 Are there any other facts or circumstances that may be relevant to our considering your application? If so, please provide details N Y



Please ensure you have read questions E1 to E11 carefully. If you have answered yes to any question (or are unsure how to answer any question) please provide full details on a separate sheet including:

- question number
- relevant dates
- the nature of the matter in question
- how the matter was resolved
- whether you were assisted by an insurer, medical defence organisation or other body

F Working circumstances

Please only complete either F1A or F1B and then move on to F2, if applicable

F1 What do you do as your main job?

Please complete only one of the following two sub-sections

F1A Main area of work – Doctors working in NHS Hospitals

What is your specialty?

Do you work more than 6 sessions per week? (a session is a half day) N Y (Please tick which option is most appropriate to you).Foundation Year Programme: F1 F2 (Please tick which option is most appropriate to you).Date expected to advance to the next year of your ST programme: D D M M Y Y

Doctors on a specialty training programme (or in a post that is formally recognised for training): (Please tick which option is most appropriate to you).

ST/CT1 ST/CT2 ST/CT3 ST4 ST5 ST6 ST7 ST8 Date expected to advance to the next year of your ST programme: D D M M Y YNon training grade: Please confirm your current job title **Do you do any clinical work other than your main job in section F1A?** N If no, please go to section G Y If yes, please complete section F2 overleaf**F1B Main area of work – Doctors working outside NHS Hospitals**Are you a non-consultant hospital doctor (NCHD) working in a non-NHS setting? N Y If yes, please answer the following:

What is your specialty?

How many sessions per week do you work? (a session is a half day) Does your employer provide you with indemnity? (similar to indemnity from NHS bodies) N Y


If no, what is your gross and net* annual income from this work?

*(If we ask for your net income, we mean your gross income minus deductions for reasonable expenses up to a maximum of 50% but before tax is deducted)

Gross: £ Net*: £ What level of supervision do you have? E.g. Direct supervision, on-site supervision, or telephone supervision Do you undertake operative work? N YIf yes, please indicate if a consultant will be present in the room with you Please confirm your current job title **Please now go to section F2**

F Working circumstances (continued...)

F2 Additional work outside NHS Hospitals

 If you answer yes to any of the following questions (or are unsure how to answer any question) please give full details in the space provided and continue onto a separate sheet if necessary making sure you make it clear which question you are answering. (For MDU purposes, net income is calculated as gross income minus deductions for reasonable expenses up to a maximum of 50% but before tax is deducted).

F2A Do you do any work in the Irish Republic? N Y
If yes, do you require indemnity from the MDU? N Y

If yes, please indicate the type of work, volume, whether it has indemnity and (if there is no indemnity) your gross and net* income:

F2B Do you do any work in any other overseas country? N Y
If yes, do you require indemnity from the MDU? N Y

If yes, please indicate which country, the type of work, number of days per year and gross and net* income:

F2C Do you have any arrangement (contractual or not) with a club/organisation to assess and/or treat professional sportsmen or women? N Y
If yes, do you require indemnity from the MDU? N Y

If yes, please provide the club or organisation name, the number of days per year and your gross and net* income from this:

F2D Do you perform e-consultation or telephone consultations? N Y
If yes, do you require indemnity from the MDU? N Y

If so, please give full details, making sure to include the location of the patients (country), whether you are prescribing, any website address linked with this work (if relevant) and your gross and net* income from this work:

F2E Do you prescribe alternative or complementary medicines or carry out alternative or complementary procedures? N Y
If yes, do you require indemnity from the MDU? N Y

If yes, please list the procedures and indicate your total gross and net* income from all procedures:

F Working circumstances (continued...)

F2F Do you carry out cosmetic procedures? (We define a cosmetic procedure as one where the primary purpose is to alter the aesthetic appearance of the patient rather than treat pathology) N Y

If yes, do you require indemnity from the MDU? N Y

If yes, do you do any of the following: Botulinum toxin Temporary dermal fillers (including Collagen) IPL
 Microdermabrasion Superficial facial peels (not using TCA) Thread vein work

If yes, please give your annual gross and net* income from this group of procedures:

Gross: £ Net*: £

F2G Do you carry out any other cosmetic procedures? N Y

If so, please provide details below:

Procedure	Gross annual income	Net* annual income

* (If we ask for your net income, we mean your gross income minus deductions for reasonable expenses up to a maximum of 50% but before tax is deducted)

G Any other work

Do you do any other work, in addition to your main job above, which is not indemnified by your employer and for which you require MDU indemnity, that you haven't already told us about above? N Y

Examples include: Repatriation, assisting a consultant on a private case, voluntary work, preparing insurance reports, non clinical work.

If 'yes', please give full details for each additional type of work in the space provided below including type of work, quantity undertaken, level of supervision (direct, on-site, telephone or unsupervised), gross and net* annual income earned from this work. Please continue onto a separate sheet if necessary, making sure you include the question number.

H Other information

Are there any other facts or circumstances that may be relevant to our considering your application? N Y

Please provide details below

I Why have you chosen to apply for MDU membership?

Please tick all that apply

Security of insurance Reputation of the MDU as established UK market leader Personal recommendation

Subscription rates Dissatisfaction with previous defence organisation

Other (please give details in space provided)

J Services - text alerts

We can send important text alerts to your mobile phone provided you have given us your mobile number on page 1. Please indicate below if you would like to opt in to text alerts. You can stop text alerts at any time in the 'My MDU' section of our website.

Notification that your renewal subscription is overdue

K 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-mdu.com** and click on 'Apply now', or **call the freephone membership helpline on 0800 716 376** (Mon to Fri, 8am to 6pm).

Date membership to commence: Immediately Future date:

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 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 the full amount each year (see section L), or you can pay by monthly Direct Debit instalments (see section M). 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 contacting your bank or building society.

For annual Direct Debit (single annual payment of full amount) please complete section L. For other payment options see sections M and N

L Annual Direct Debit payment option (Single annual payment of full amount)

Annual Direct Debit mandate Instructions to your Bank/Building Society to pay by Direct Debit:

Please complete parts L1-L4 to make payments directly from your account

L1 Full name and postal address of Bank/Building Society - including postcode:

Postcode (required):									

L2 Name of the account holder

L3 Bank/Building society account number:

Bank/Building society sort code: Originator's identification number: **991121**

L4 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

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.



M Monthly Direct Debit payment option

Monthly Direct Debit instalments (no immediate payment is required).

Have you more than three CCJs against you incurred within the last two years that have not been satisfied?

Y Please choose an alternative payment option N We will contact you once your application has been processed to set this up

Please note that if you choose to pay by monthly Direct Debit instalments, there may be a small credit charge. Details will be provided to you prior to any monies being taken. Payments will be taken over 10 months.

Please do not complete the annual Direct Debit mandate as this only applies to single annual payment of the full amount

N Alternative payment options

Debit/credit cards. Single annual payment of full amount Cheque. Please enclose a cheque made payable to 'MDU Services Ltd'.

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 number (Maestro only) Start date

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, 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

- 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 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;
- 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 MDU 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 underwritten by SCOR and Inter-Hannover 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 MDU website at the-mdu.com/privacy sets out:

- that the MDU/DDU, 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 MDU/DDU and MDUSL can send to you, including marketing communications.

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

Marketing communications

The MDU 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 MDU website at the-mdu.com. You may also write to the membership department at 230 Blackfriars Road, London, SE1 8PJ or email membership@the-mdu.com

I do NOT wish to receive:

- the MDU Journal or similar publications
- email communications, including medico-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 auditors' 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 MDUSL 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 MDU does not have my email address, I will receive notification by post instead of electronically;
- notify MDUSL of changes in my email address.

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

Notes

Before returning this form please check you have:

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

Detach this form from the guide, retaining the guide for your reference.

Thank you

MDU Services Limited
230 Blackfriars Road
London SE1 8PJ

website the-mdu.com
email membership@the-mdu.com

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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