

MDU application for membership and proposal for professional indemnity insurance



Nurses, Practice Managers and other Healthcare Professionals

Please detach this form from the 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 6 and sign the statement at the bottom of this page. Incomplete or unsigned forms cannot be processed and will be returned.

A Personal details

Former MDU number (if applicable)

Surname _____ Forenames _____

Former or maiden 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) _____

Home telephone _____ Mobile phone _____ Work telephone _____

Contact email _____ Secondary email _____

(Please indicate Home Work)

(Please indicate Home Work)

B Other details

Decorations _____

Registration number

Registration body eg NMC _____ Full

Registration date ____/____/____ Registration expiry ____/____/____

C Academic details

Country of qualification	Name of training establishment	Date of qualification	Qualifications obtained
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

D Previous professional indemnity provider

Company	Start date	End date	Registration no / Membership no
_____	____/____/____	____/____/____	_____
_____	____/____/____	____/____/____	_____
_____	____/____/____	____/____/____	_____

E Main country in which you practise _____

Statement

Please complete the form and sign 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 6 of this application.

I authorise and request my former medical defence organisation, insurance company or indemnity provider to release to MDU Services Limited 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 and Inter-Hannover.

OFFICE USE ONLY

Scheme _____

Start Date _____

Form Check _____

Indemnity Check _____

SIGNATURE _____ DATE ____/____/____

F Professional details

1. Please indicate from the list below the category that best describes your role

Nurse	<input type="checkbox"/>	Practice Manager	<input type="checkbox"/>
Nurse with extended role	<input type="checkbox"/>	Practice Manager AMSPAR/AGPAR	<input type="checkbox"/>
Practice Nurse	<input type="checkbox"/>	Operating Department Practitioner	<input type="checkbox"/>
Practice Nurse with extended role	<input type="checkbox"/>	Sonographer	<input type="checkbox"/>
Nurse Practitioner	<input type="checkbox"/>	Radiographer	<input type="checkbox"/>
Occupational Health Nurse	<input type="checkbox"/>	Physiotherapist	<input type="checkbox"/>
Health Visitor	<input type="checkbox"/>	Perfusionist	<input type="checkbox"/>
Consultant Nurse	<input type="checkbox"/>	Other, please specify job title _____	
Phlebotomist*	<input type="checkbox"/>		

*Phlebotomists should attach a copy of a certificate of competence from their GP, trainer or employer.

2a. Employment status

Please provide details of the GP Practice you work in:

GP Name: _____

Practice Address: _____

GP Group scheme number if known: _____

2b. How many hours per week do you work in this GP Practice? _____

2c. In addition to the work indicated above

Please indicate from below any that apply to you including hours per week worked and non indemnified income** per week earned

****Non indemnified income** is defined as your annual pre-tax earnings from any medical work undertaken where no other form of indemnity is in place eg NHS indemnity

Work for another GP practice	<input type="checkbox"/>	hours per week _____	Non indemnified income per week _____
Work for the NHS	<input type="checkbox"/>	hours per week _____	Non indemnified income per week _____
Work for a locum agency	<input type="checkbox"/>	hours per week _____	Non indemnified income per week _____
Work for a company	<input type="checkbox"/>	hours per week _____	Non indemnified income per week _____
Self-employed	<input type="checkbox"/>	hours per week _____	Non indemnified income per week _____

G General questions

Please answer all questions

- G1** Are you aware of any complaints or claims, irrespective of their merits or seriousness, 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, irrespective of their seriousness, 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. NMC 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. NMC 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 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 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, or received a formal Police Caution? (Including any motoring offences even if you were fined but not imprisoned). 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 G4-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 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 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).

G15 Are there any other facts or circumstances that may be relevant to our considering your application? N Y

Please provide details below

G16 Do you perform e-consultations? N Y

G17 Do you prescribe alternative or complementary medicines or carry out alternative or complementary procedures? N Y

G18 Do you carry out cosmetic procedures (any procedures whose primary aim is to improve cosmetic appearance)? N Y

If 'yes' please indicate:	Which procedures	Number of hours and income per month
Botulinum toxin	<input type="checkbox"/>	_____
Collagen fillers (Restylane)	<input type="checkbox"/>	_____
Facial peels	<input type="checkbox"/>	_____
Hair removal (laser)	<input type="checkbox"/>	_____
Hair transplant	<input type="checkbox"/>	_____
Liposuction	<input type="checkbox"/>	_____
Tattoo removal	<input type="checkbox"/>	_____
Thread veins	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	_____

G19 Do you carry out any procedures involving lasers? N Y

If 'yes', and different from the answers given in G18 please specify _____

G20 Do you have any other non-indemnified clinical work for which you require MDU cover? 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 Did you indicate one of the following as best describing your role: Employed Nurse, Self employed Nurse, NHS Indemnified Nurse, Nurse Practitioner, Occupational Health Nurse or Practice Nurse

No Please move on to section **I**

Yes Please answer the following questions - continuing on a separate sheet if necessary

H2 How would you best describe your job title?

- Hospital Nurse
- Specialist Nurse
- Practice Nurse
- Nurse Practitioner
- Nurse Consultant
- Other

please specify _____

H3 Do you have any business interest in relation to your nursing work (e.g. a partner in a GP practice, holder of a PMS contract)? N Y

H4 Do you, without a doctor being present, undertake prescribing either on the INDEPENDENT or SUPPLEMENTARY nurse prescribers list?

N go to question H5 Y

If 'yes' have you had specific training in order to undertake this task? N Y

If 'yes' please list details including any recognised qualifications obtained _____

Do you work to a protocol agreed with a doctor? N Y

Are you accountable to a doctor? N Y

If 'yes' - in what way? _____

H5 Do you, without a doctor being present, undertake assessing and deciding on treatment of patients, other than as part of a chronic disease clinic (e.g. in a minor illness clinic)?

N go to question H6 Y

If 'yes' have you had specific training in order to undertake this task?

N Y

If 'yes' please list details including any recognised qualifications obtained _____

Do you work to a protocol agreed with a doctor?

N Y

Are you accountable to a doctor?

N Y

If 'yes' - in what way? _____

H6 Do you, without a doctor being present, undertake surgical or practical procedures not normally undertaken by nurses (e.g. joint injections, sclerotherapy, and any cosmetic work)?

N go to question H7 Y

If 'yes' have you had specific training in order to undertake this task?

N Y

If 'yes' please list details including any recognised qualifications obtained _____

Do you work to a protocol agreed with a doctor?

N Y

Are you accountable to a doctor?

N Y

If 'yes' - in what way? _____

H7 Do you, without a doctor being present, undertake antenatal or post natal examinations?

N go to question H8 Y

If 'yes' please list details and specify types of work _____

Have you had specific training in order to undertake these tasks?

N Y

If 'yes' please list details including any recognised qualifications obtained _____

Do you work to a protocol agreed with a doctor?

N Y

Are you accountable to a doctor?

N Y

If 'yes' - in what way? _____

H8 Do you, without a doctor being present, undertake any other tasks you would consider to be unusual for a nurse in your field to undertake?

N Y

If 'yes' please list details including any recognised qualifications obtained _____

Do you work to a protocol agreed with a doctor?

N Y

Are you accountable to a doctor?

N Y

If 'yes' - in what way? _____

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) _____

Notes

Before returning this form please check you have:

- Completed each section
- Completed your payment choice
- Signed the statement on page 1
- Phlebotomists - attached a copy of a certificate of competence from your GP, trainer or employer.
- Please make sure you have added your registration number or pin number.

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

Thank you

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 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: ____/____/____

Subscription amount (including insurance premium) £ _____

If the subscription amount does not appear above call our **freephone membership helpline on 0800 716 376** (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

K Annual direct debit payment option



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

K1 To: The Manager

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

K2 Name of account holder _____

K3 Bank/Building Society account no

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

K4 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 take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, MDU Services Limited will notify you 5 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by MDU Services Limited, or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a direct debit at any time by writing to your Bank or Building Society. Please also send a copy of the letter to us.

L 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 Ltd'.

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 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;
- 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 understand that 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. A material fact is one likely to influence acceptance or assessment of this proposal for professional indemnity insurance by SCOR and Inter-Hannover. 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 the information which accompanies it, including the application guide;
- I accept the professional indemnity insurance subject to the terms and conditions of the policy.

Data protection

I consent to MDUSL, the MDU, SCOR and Inter-Hannover and any of its insurers and reinsurers or any other insurers or reinsurers with whom I have a policy or through whom my policy is reinsured (Permitted Users) holding and using and otherwise processing the information I provide, or which is otherwise provided 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, the insurance policy issued by SCOR and Inter-Hannover and any insurance or other claims, risk management and assessment in respect of my membership or otherwise,

advisory purposes and related purposes including without limitation research, marketing and statistical, analysis (Permitted Purpose). I consent to each of the Permitted Users disclosing the Data to each other, legal advisers, regulatory bodies, the Compensation Recovery Unit and to other medical defence organisations as part of their advisory and claims handling process or in the process of matters relating to my membership of the MDU 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 MDU Journal and MDU publications, information about new products and services from MDUSL by writing to the MDU 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 MDU 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 1998 (as amended from time to time) (for which MDU Services Limited 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 the satisfaction of the MDUSL that such matters are, indeed, inaccurate. Where such evidence is in the opinion of MDUSL 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. The data controller for my Data is the MDU and MDUSL is the nominated representative of the MDU under the Data Protection Act 1998. Telephone calls to MDUSL may be recorded for training, monitoring and other purposes as MDUSL may require from time to time. The MDU, MDUSL, SCOR and Inter-Hannover will take 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 website at the-mdu.com;
- notice of general meetings of the MDU being given to me by access on the MDU website;
- being notified by electronic mail of the publication or availability of these documents or notice on the MDU website, the address of the site and the place on it where these documents may be accessed;
- notify MDUSL of my email address (see elsewhere on this form). 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 If you wish to receive statutory communications by post instead of electronically, please tick here