

Associate members in the United Kingdom

MPS



Please complete this form and return it to: Membership Services, The Medical Protection Society Limited, Granary Wharf House, Leeds LS11 5PY.

If your application for membership of MPS is approved, it will be dated from the day following receipt of your application. If you would prefer it to commence from a later date please state:

D	D	M	M	Y	Y	Y	Y
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**Please complete all parts of this form
and sign the declaration on page 3**

Title	Forename(s)
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Surname

Previous name (if any)

Date of birth	Gender (please tick)								
<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/> Male <input type="checkbox"/> Female
D	D	M	M	Y	Y	Y	Y		

Degrees / diplomas / qualifications

Month and year of qualification	<table border="1"> <tr> <td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	M	M	Y	Y	Y	Y
M	M	Y	Y	Y	Y		

Address for correspondence
Postcode:

Email address: (Please see declaration on page 3)

Mobile telephone

Daytime telephone	Evening telephone
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Important information – please read

- As part of our normal process, we may approach your previous indemnity or insurance organisation for your claims history. This process will take a minimum of 15 working days.
- Failure to disclose full and accurate details about your previous history, practice and income may invalidate your membership which means you are not entitled to any advice or assistance from MPS.
- When completing the previous history section on page 2 you must account for any gaps in your indemnity or insurance history from your date of graduation.
- If you have had professional indemnity or insurance (other than from MPS) for any practice outside the United Kingdom you must obtain your case history to submit with this application.
- As MPS provides occurrence based membership, we would not assist with any matter arising from an incident pre-dating your MPS membership.
- If you are leaving a claims made insurance contract, please ensure you have notified your previous provider of any adverse incident of which you are aware, that could become a claim. You should also check with the provider whether any closing payment is required to secure "run-off" cover for any future claim which may arise from an incident pre-dating your MPS membership.

Will all your medical practice be carried out in the United Kingdom? Yes No
If no, please give full details in the space below. If necessary please continue on a separate sheet.

If you are registered to practise in any other countries please state which:

Important information – please read

Please note that signing the declaration on page 3 indicates acceptance of the requirements below:

Members undertake to keep MPS informed of their current address and any changes in their professional circumstances. Failure to notify us of any change of address, private practice income and scope of practice could result in the suspension of the benefits of membership and/or the termination of your membership. Members should understand that MPS is not an insurance company. The benefits of MPS membership are granted at the discretion of Council and are subject to the terms and conditions of the MPS Memorandum and articles of Association, as amended from time to time.

Previous history

In this section you must include details of any matter in which you have been named or involved. Please include any pending, unresolved or closed issues, even those already reported to MPS.

1. Have you had any professional indemnity/insurance before?	<input type="checkbox"/> Yes (Please answer all questions below) <input type="checkbox"/> No (Please answer questions 5–11)
2. Please give the name of all organisation(s) and the dates during which you were a member or policyholder.* Organisation: _____ From: _____ To: _____ Membership/Policy number: _____	
3. If you were previously a member of MPS, please give your membership number and your name at the time (if it has changed). Name: _____ Membership number: _____	
4. Have there been any gaps in your professional indemnity/insurance since the date of your graduation? (If in doubt please indicate YES.)	<input type="checkbox"/> Yes (Please give dates and details below)* <input type="checkbox"/> No
5. Have you ever been refused professional indemnity/insurance, including refusal to renew or been offered limited or conditional terms?	<input type="checkbox"/> Yes (Please give dates and details below)* <input type="checkbox"/> No
6. Have you ever been the subject of any complaint arising out of your professional practice? (If in doubt please indicate YES.)	<input type="checkbox"/> Yes (Please give dates and details below)* <input type="checkbox"/> No
7. Have you ever been involved in any claim for compensation arising out of your professional practice or are you aware of any incident that might become a claim? (If in doubt please indicate YES.)	<input type="checkbox"/> Yes (Please give dates and details below)* <input type="checkbox"/> No
8. Have you ever been the subject of a disciplinary inquiry by your employer or had practice privileges refused/withdrawn/made conditional by a private health care provider? (If in doubt please indicate YES.)	<input type="checkbox"/> Yes (Please give dates and details below)* <input type="checkbox"/> No
9. Have you ever been subject to any complaint, inquiry or investigation or hearing by the GMC or any other registration body or had conditions imposed on your practice or been suspended or erased from a medical register? (If in doubt please indicate YES.)	<input type="checkbox"/> Yes (Please give dates and details below and provide copies of relevant GMC correspondence)* <input type="checkbox"/> No
10. Have you ever been cautioned by the police in respect of, or convicted of, any criminal allegation (including road traffic offences)?	<input type="checkbox"/> Yes (Please give dates and details below)* <input type="checkbox"/> No
11. Are there any other issues of which MPS might reasonably need to be aware when considering your application for membership? (Eg. referral to the National Clinical Assessment Service (NCAS – previously NCAA). If in doubt please indicate YES.)	<input type="checkbox"/> Yes (Please give dates and details below)* <input type="checkbox"/> No

Details of your professional practice

Clinical Scientist

Please tick box that applies to you:

- No NHS appointment
- NHS employed
- Trainee
- Non-NHS earnings up to £7,500 pa
- Non-NHS earnings more than £7,501 pa
- Carry out IVF procedures

Physiotherapist

Please tick box that applies to you:

- No NHS appointment
- Whole-time NHS appointment with non-NHS earnings up to £1,500 pa
- Whole-time NHS appointment with non-NHS earnings more than £1,501 pa

Podiatric Surgeons

Please tick box that applies to you:

- No NHS appointment
- NHS employed - Non-NHS earnings £0-£7,500 pa
- NHS employed - Non-NHS earnings more than £7,501 pa

Other grades

Please tick box that applies to you:

- Nurse Practitioner*
- Practice Nurse*
- Assistant Practitioner*
- Health Care Assistant*
- Phlebotomist*
- Practice manager
- Medical Technical Officer
- Maxillofacial Prosthetist / Technologist
- AODP

* Please provide a covering letter detailing the clinical tasks you undertake

AODP membership number

HPC registration number

- NAASP

NAASP membership number

Treatment of elite/professional sportsmen or sportswomen

Are you involved in the treatment of elite/professional sportsmen or sportswomen? If you are unsure please contact the Membership Helpline on 0845 718 7187. (See note 2 on page 5)

- Yes (Please provide details) No

Declaration

Important information – please read

- It is your responsibility to provide accurate information about your professional practice and relevant income (which may affect the subscription you pay). Failure to notify us of any change of address, private practice income and scope of practice could result in the suspension of the benefits of membership and/or the termination of your membership.

I wish to apply for membership of MPS subject to the Memorandum and Articles of Association and upon payment of the appropriate subscription.

I understand that membership is not conferred automatically and is subject to approval. I consent to MPS seeking information regarding past and current matters from other professional protection bodies, insurance companies or employers with whom I have had professional indemnity arrangements, and to the release of that information to MPS. I consent to MPS processing information about me. (Please see data protection information on page 5.) I consent to MPS using the email address provided for communication with me.

I confirm that the information I have provided is correct to the best of my knowledge and that I have read the notes and information on page 5. I also confirm that I have completed the payment instruction on page 4.

Signature

Date

D	D	/	M	M	/	Y	Y	Y	Y
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Why MPS membership?

Why have you chosen to apply for MPS membership? (Please circle)

- 1 Personal recommendation
- 2 Competitive subscription rates

- 3 Group arrangement
- 4 Dissatisfaction with previous organisation
- 5 Other (please give details in the space provided)

MPS office use only

Application for membership

Date received:

Approved by: _____

Date approved:

Processed:

Start date: _____

Joining reason: _____

Grade: _____

Status: _____

Specialty: _____

D P: _____

Access number:

Membership no. _____

Notes: _____

MEDICAL PROTECTION SOCIETY

Granary Wharf House, Leeds LS11 5PY, UK
 DX 12059 Leeds 1
 Telephone 0845 718 7187
 Facsimile 0113 241 0500

www.mps.org.uk
member.help@mps.org.uk

The Medical Protection Society Limited
 A company limited by guarantee
 Registered in England No. 36142
 33 Cavendish Square, London W1G 0PS, UK

MPS is not an insurance company.
 All the benefits of membership of MPS are discretionary
 as set out in the Memorandum and Articles of Association.

Notes and other information

Notes to form – Associate members

- 1 MPS does not offer the benefits of membership for treatment with 'Lipostabil', 'Lipodissolve', 'Flabjab', 'Fat-Away' or similar products with the active ingredient *Phosphatidycholine*.
- 2 Elite professional sport is defined as sport at a national or international level where the result and remuneration is paramount. This excludes minor professional events and includes sports where the person may not be a professional, in that they are employed or contracted, but depend upon remuneration from sponsorship. This term would also incorporate sports where in the event of litigation the damages claim would reflect a loss of opportunity to develop to a higher level.

Data protection information

We will process the information you provide on our systems for administration of your membership and claims, and for underwriting, marketing, risk assessment, research and advisory purposes. We may disclose your information to legal or other professional advisers or other medical protection organisations as part of our advisory and claims-handling process, as well as to third parties who assist with member services.

By signing this form or completing it online you consent to the processing of personal data, including sensitive personal data for the purposes outlined above.

You have the right under the Data Protection Act to obtain disclosure of personal data that we have relating to you, for which we make a nominal charge.

In order to provide you with the best possible service we would like to inform you of other products and services offered by us that we believe may be of interest to you. If you do not wish to receive such information, either via post or email, please tick this box.