

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 Have you ever been the subject of a disciplinary inquiry by your employer or had practice privileges refused/withdrawn/made conditional by a private health provider?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 your 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)*
	<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 related to your professional conduct or competence of which MPS might reasonably need to be aware when considering your application for membership? (If in doubt please indicate YES.)	<input type="checkbox"/> Yes (Please give dates and details below)*
	<input type="checkbox"/> No

Subscription payment and declaration

I wish to pay my subscription in accordance with the indicated payment method below:

Please note: By completing this form I understand that if my subscription or any other liability to MPS is in arrears for more than one month, then I shall cease to be entitled to any membership benefit from MPS from that date when such subscription or liability fell due. I also understand that after non-payment for two months MPS may terminate my membership by notice, although my liability to MPS already accrued will not be affected. Please refer to your current subscription rate information to determine your correct subscription and indicate the amount below. Please choose your preferred payment method from the list below and then write your cheque, provide your card authorisation or complete the direct debit instruction. **Please note, payment by direct debit is only available for payments made from UK bank accounts for subscriptions set in sterling.** Return this entire form with any enclosures to your scheme of co-operation or to: Membership Services, Medical Protection Society, Granary Wharf House, Leeds LS11 5PY, United Kingdom.

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 four.)

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 above. I also confirm that I have completed the payment instruction below.

PLEASE NOTE

- 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 or scope of practice could result in the suspension of the benefits of membership and/or the termination of your membership.

Signature

Date

D	D	/	M	M	/	Y	Y	Y	Y
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My correct subscription amount is:

I wish to pay my subscription amount:

by annual direct debit on the next available 20th of the month.

by monthly direct debit (for subscriptions over £100) on or just after the 20th of the month, in months 2–11 (inclusive) of subscription year.

by cheque in full (cheques should be crossed and made payable to The Medical Protection Society Limited).

by credit or debit card in full (please enter your card number below). **MPS does not accept American Express.**

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Cardholder's name and address

Cardholder's signature

Card start date

Card expiry date

Card issue no.

CVC code*

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*The CVC code is the last three digits shown on your card's signature strip

Please fill in the form and send to: Membership Services, Medical Protection Society, Granary Wharf House, Leeds LS11 5PY. Membership helpline +44 113 243 6436.

Instructions to your bank/building society to pay direct debit

Please pay MPS direct debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with MPS and, if so, details will be passed electronically to my bank/building society.



Originator's identification number

9	9	4	7	3	9
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Name(s) of account holder(s)

Name and full postal address of bank or building society

Postcode

Payment: Annually Over 10 months

Reference number

Member name

Branch sort code

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Bank/building society account number

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Signature

Date

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.

Why MPS membership?

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

- | | |
|---|--|
| <input type="checkbox"/> 1 Personal recommendation | <input type="checkbox"/> 3 Group arrangement |
| <input type="checkbox"/> 2 Competitive subscription rates | <input type="checkbox"/> 4 Dissatisfaction with previous organisation |
| | <input type="checkbox"/> 5 Other (please give details in the space provided) |

MPS – International Contact information

MEDICAL PROTECTION SOCIETY
Granary Wharf House, Leeds LS11 5PY, UK

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Website www.medicalprotection.org

The Medical Protection Society Limited
A company limited by guarantee
Registered in England No. 36142 at
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.