

# Membership Application International

① +44 113 243 6436 ② international.applications@mps.org.uk

Putting members **first**

Please complete all parts of this form in **BLACK INK** and **BLOCK CAPITALS** and return to your scheme of co-operation or to The Medical Protection Society Limited, Victoria House, 2 Victoria Place, Leeds LS11 5AE, UK. For enquiries telephone or fax your scheme, or contact MPS in the United Kingdom on +44 (0) 113 243 6436; by fax on +44 (0) 113 241 0500 or by email to international.applications@mps.org.uk. If your application for membership of MPS is approved, it will be dated from the day following receipt of your application unless you specify a later start date in the box to the right.

(DD/MM/YYYY)

## SECTION A – PERSONAL DETAILS

Surname \_\_\_\_\_

First name(s) \_\_\_\_\_

Title \_\_\_\_\_

Maiden/previous name if any \_\_\_\_\_

Date of birth (DD/MM/YYYY) \_\_\_\_\_

Gender  Male  Female

Nationality \_\_\_\_\_

Country of practice \_\_\_\_\_

Country of permanent residence \_\_\_\_\_

Address for correspondence \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode (zip or postal area) \_\_\_\_\_

Daytime telephone \_\_\_\_\_

Evening telephone \_\_\_\_\_

Mobile number \_\_\_\_\_

Fax number \_\_\_\_\_

Email address \_\_\_\_\_

Degrees and diplomas \_\_\_\_\_

Medical school \_\_\_\_\_

Month and year of graduation (MM/YYYY) \_\_\_\_\_

Medical Council registration number and country of council (DD/MM/YYYY)  
– your application may be delayed if this is not provided

Any specialist registration \_\_\_\_\_

Main specialty \_\_\_\_\_

Date of specialist registration (DD/MM/YYYY) \_\_\_\_\_

## IMPORTANT INFORMATION – PLEASE READ

1. 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.
2. 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.
3. When completing the previous history section on pages 2 and 3 you must account for any gaps in your indemnity or insurance history during the last 10 years and also any break in clinical practice during the previous 2 years.
4. As MPS provides occurrence based membership, we would not assist with any matter arising from an incident pre-dating your MPS membership.
5. 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.

### Please note that signing the declaration on page 4 indicates acceptance of the following requirements:

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 or 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.

### MPS office use only

Date received (DD/MM/YYYY)	Start date (DD/MM/YYYY)	Specialty	Notes
Approved by	Joining reason	DP	
Date approved (DD/MM/YYYY)	Grade	Access no.	
Processed	Status	Membership no.	

**SECTION B – PREVIOUS HISTORY**  **PLEASE READ THE IMPORTANT INFORMATION BELOW**

- 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.
- Failure to disclose full and accurate details about your previous history may delay your application.
- If necessary please continue your answers on a separate sheet.

1. Have you had any professional indemnity/insurance before?  Yes (Please go to Q2)  No (Please go to Q4)

2. Please give the name of all other organisations and the dates during which you were a member or policyholder. If you were previously a member of MPS, please give your membership number and your name at the time (if it has changed).

Organisation	From (DD/MM/YYYY)	To (DD/MM/YYYY)	MPS number	Name	Other membership or policy number

3. Have there been any gaps in your professional indemnity during the last ten years? (If in doubt please indicate YES.)  Yes  No  
If you have answered YES please confirm the dates and the reason for any gap below.

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4. Have there been any breaks in your clinical practice in the last 2 years? (If in doubt please indicate YES.)  Yes  No  
If you have answered YES please confirm the dates and the reason for any gap. Please also provide details of any continuous professional development or refresher training that has been undertaken.

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5. Have you ever been refused professional indemnity/insurance, including refusal to renew or been offered limited or conditional terms or a higher/enhanced subscription/premium? (If in doubt please indicate YES.)  Yes  No  
If you have answered YES please provide a summary in your own words providing dates and reasons, including copies of any correspondence.

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6. Have you ever been the subject of any **complaint** arising out of your professional practice? (If in doubt please indicate YES.) If you have answered YES please provide a summary in your own words of the events leading to the complaint(s) including dates, the extent of your involvement and also the final outcome.  Yes  No

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 If you have answered YES to any question on pages 2 and 3 please provide details as requested. Use additional pages if needed. Failure to disclose full and accurate details about your previous history may delay your application.

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.) If you have answered YES please provide a summary in your own words of the events leading to the claim(s) declared, including dates, the extent of your involvement and also the final outcome.  Yes  No

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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.) If you have answered YES please provide a summary in your own words to include dates, the extent of your involvement and also the final outcome. Copies of any associated correspondence must be provided.  Yes  No

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9. Have you ever been subject to any referral, complaint, inquiry or investigation or hearing by any registration body or had conditions imposed on your practice or been suspended or erased from a medical register? (If in doubt please indicate YES.) If you have answered YES please provide a summary in your own words of the events leading to the registration body inquiry/investigation, including dates, the extent of your involvement and you must provide copies of any final determination letter(s).  Yes  No

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10. Have you ever been cautioned by the police in respect of, or convicted of, any criminal allegation (including road traffic offences)? If you have answered YES please provide a summary in your own words to include the nature of the offence, the final outcome or the current position and whether the offence was reported to any registration body.  Yes  No

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11. Are there any other issues of which MPS might reasonably need to be aware when considering your application for membership? (If in doubt please indicate YES.) If you have answered YES please provide all relevant information below.  Yes  No

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**!** If you have answered YES to any question on pages 2 and 3 please provide details as requested. Use additional pages if needed. Failure to disclose full and accurate details about your previous history may delay your application.

**IMPORTANT! PLEASE READ THE FOLLOWING AND SIGN 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.

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 confirm that the information I have provided is correct to the best of my knowledge and belief and that I have read and understood the notes and information below. I also confirm that I have completed the payment instruction above.

**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, relevant income or scope of practice could result in the suspension of the benefits of membership and/or the termination of your membership.

**Important – your data**

At times we will ask you to provide us with data and personal information including when you apply for membership, your subscription is renewed, your scope of practice changes and if you seek and we provide assistance to you. In applying for membership and by continuing as a member you agree that (i) we may hold and process your personal data including sensitive personal data (as defined in the United Kingdom's Data Protection Act 1998 (the Act)) which you provide to us or which we fairly obtain from another source for the purposes of processing any application for membership, the administration and provision of membership services, providing you with the benefits of membership (including, but not limited to, advice, assistance and indemnity), underwriting, risk assessment, marketing, education, research and audit during your membership and for a reasonable period after your membership terminates or an application for membership is rejected by us or withdrawn by you and (ii) we may share such data with third parties who may also hold and process the data for the same purposes.

You also agree that (i) we may seek information relevant to any purpose for which you have agreed we may hold personal data regarding past and current matters from other professional defence organisations, insurance companies or employers with whom you have had professional indemnity arrangements or been employed and that they may release to us such information (ii) if you are outside of the European Economic Area (EEA) your data may be transferred to, held and processed within the EEA and (iii) if you provide us with an email address or telephone number it may be used by us and third parties to contact you for any of the purposes for which you have agreed to allow us or them to hold or process your personal data.

Under the Act you have the right to ask us for a copy of any of your personal data which we hold, for which we make a nominal charge.

**If you are submitting additional sheets or correspondence, please tick  here.**

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  here.

Signature

Date (DD/MM/YYYY)

**Please tell us why you have chosen MPS.** Your comments are important to us, please tick  below

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|---|--|
| <p>1. <input type="checkbox"/> Personal recommendation</p> <p>2. <input type="checkbox"/> Competitive subscription rates</p> <p>3. <input type="checkbox"/> Group arrangement</p> <p>4. <input type="checkbox"/> Dissatisfaction with previous organisation</p> | <p>5. <input type="checkbox"/> Other (please provide details in the space provided)</p> <p>_____</p> <p>_____</p> <p>_____</p> |
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**MPS – International contact information**

Medical Protection Society  
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**Telephone** +44 (0) 113 241 6436  
**Facsimile** +44 (0) 113 241 0500  
**Email** international.applications@mps.org.uk  
**Website** www.medicalprotection.org

Calls to Membership Services may be recorded for monitoring and training purposes.