

Membership application Caribbean and Bermuda

+44 (0)113 243 6436 | intapplications@dentalprotection.org | dentalprotection.org

Please complete all editable sections of this form electronically and return by email to the address above

Section A – Membership start date and personal details

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)

Title		Country of permanent residence	
First name		Address for correspondence	
Surname			
Maiden/previous name (if any)			
Date of birth (DD/MM/YYYY)			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Nationality			
Country of practice			
Which hospital are you working in? (if applicable)			
Please provide details of any registration to regulatory bodies, including registration number and date of registration.	Postcode (zip or postal area)		
	Email address		
	Daytime telephone		
Degrees and diplomas		Evening telephone	
Medical school and country		Cell number	
Month and year of graduation		Fax number	

IMPORTANT – Please read the following

- 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 seek advice or assistance from MPS.
- 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.
- We will 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.

Please note that signing the declaration on page 6 indicates acceptance of the following requirements:

Members must 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 and/or the withdrawal of the benefits of membership and/or the cancellation 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.

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. If necessary please continue your answers on the enclosed pages. Please note that failure to disclose full and accurate details about your previous history may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership.

1. Have you had any professional indemnity/insurance before? Yes (please go to Q2) No (please go to Q3)

2. Please give the name of all other organisations and the dates during the last 10 years which you were a member or policyholder. If you were previously a member of MPS, please give your membership number and your full name at the time (if it has changed).

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

3. Have you at any stage practiced without professional indemnity during the last 10 years (ie please exclude any period(s) protected by state, employer, insurer or MDO indemnity)? (If in doubt please indicate YES.) If you answer YES please confirm the dates and reasons.

Yes No

4. Have there been any breaks in your clinical practice of more than 6 months in the last 2 years? (If in doubt please indicate YES.) If you answer 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.

Yes No

5. Have you ever previously been refused professional indemnity/insurance including a decline to renew or had it withdrawn/voided? (If in doubt please indicate YES.) If you answer YES please provide a summary in your own words providing dates and reasons, including copies of any correspondence.

Yes No

6. Have you had any non-standard terms or conditions including a non-standard subscription or premium imposed on your professional indemnity/insurance? If you answer YES please provide date and full details. (If necessary please continue on a separate sheet).

Yes No

7. In the last 10 years, have you had any complaint(s) arising out of your professional practice which has not been resolved at a local level (ie within your own practice)? If you answer YES please provide full details of the complaint(s). The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the final outcome of the incident. (If necessary please continue on a separate sheet).

Yes No

If you have answered YES to any of the above questions please provide details as requested. Use the enclosed pages if needed and include additional pages if required. Failure to disclose full and accurate details about your previous history may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership.

8. In the last 10 years have you been involved in any claim(s) for compensation or damages arising out of your professional practice regardless of the outcome? If you answer YES please provide full details of the complaint(s). The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the final outcome of the incident. (If necessary please continue on a separate sheet).

Yes No

9. Are you aware of any incident(s) that might become a claim? If you answer YES please provide full details of the incident(s). The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the current status of the incident(s). (If necessary please continue on a separate sheet).

Yes No

10. Have you ever been the subject of a disciplinary inquiry or had practice privileges refused/withdrawn/made conditional by a health care provider? If you answer YES please provide full details of the incident(s). The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the current status of the incident(s). (If necessary please continue on a separate sheet).

Yes No

11. Have you ever been subject to any referral, complaint, inquiry, investigation or hearing by any regulatory, licensing or registration body? If you answer YES please provide full details. The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the final outcome of the case. (If necessary please continue on a separate sheet).

Yes No

12. Have you been cautioned by the police or convicted of any criminal offence? (You do not need to include spent/expired convictions, or minor road traffic offences that did NOT involve alcohol or drugs) If you answer YES please provide full details. The details must include: date of incident, full details of the offence, the final outcome or current position and was this reported to the regulatory body. (If necessary please continue on a separate sheet).

Yes No

13. 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 answer YES please provide all relevant information below. (If necessary please continue on a separate sheet).

Yes No

If you have answered YES to any of the above questions please provide details as requested. Use the enclosed pages if needed and include additional pages if required. Failure to disclose full and accurate details about your previous history may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership.

Section C – Practice details

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

Will all your professional practice be carried out in the Country in which you are applying for membership?

Yes No If No, please provide Country and full details (if necessary please continue on a separate sheet).

Will you be involved in treating or providing advice to patients outside of the Country in which you are applying for membership? (eg telemedicine)

Yes No If Yes, please provide Country and full details (if necessary please continue on a separate sheet).

What is your current professional status?

Main specialty

In which sector do you work? Private ONLY State/Public ONLY Private and State/Public

How many hours per week on average do you work in PRIVATE practice?

Up to 11 hours More than 11, up to 22 hours More than 22, up to 33 hours More than 33 hours N/A

IMPORTANT – Please see end of application form for MPS subscription categories and indicate the grade code most appropriate for your practice: (eg D2)

If you are unsure of the membership category applicable to you, please provide a summary of the work you carry out (ie a detailed scope of practice).

Additional space for answers

Please clearly indicate the question number that you are providing details for below.

IMPORTANT – Your Personal Information and Data

When interacting with MPS, you may choose to give MPS information about your criminal convictions and offences (including alleged offences), your health, race, ethnic origin, sex life, sexual orientation and trade union membership ("Special Category Data"). This happens where that information is relevant to your membership or the actual or potential provision of advice, assistance or indemnity. We may also receive Special Category Data about you from others in connection with membership or advice, assistance or indemnity (eg from a complainant, claimant, witness, expert, court or regulator).

To find out more about how we collect, use and handle your data including Special Category Data, please see the Privacy Statement on our website dentalprotection.org/privacy

When you tick the box below, you expressly consent to MPS processing your Special Category Data for the purposes of providing you with membership and its benefits (including assistance and indemnity).

I consent

You may withdraw consent to such processing by contacting MPS, but if you do so we will no longer be able to provide you with membership and its benefits.

IMPORTANT – Please read, sign and add the current date below

By signing and returning this form, you agree and confirm that:

- i. You wish to apply for membership of MPS subject to the Memorandum and Articles of Association.
- ii. You understand that any failure to disclose full and accurate details may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership.
- iii. You understand that membership is not conferred automatically and is subject to approval by MPS.
- iv. You acknowledge that any subscription payments made are subject to verification and that acceptance of a payment by MPS does not of itself confirm membership and/or entitlement to request benefits.
- v. You will inform us if your personal circumstances or scope of practice change.
- vi. We may seek information from other professional defence organisations, insurance companies, employers, and/or other third parties in respect of membership and that they may release to us such information.
- vii. For the purposes of the applicable data protection laws in your country, we may obtain, process, retain and transfer your personal data as set out in the Privacy Statement on our website dentalprotection.org/privacy

Date

Please note this must be the current date

Tick here if you are submitting additional sheets or correspondence.

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. To opt-in to receive such information, either via post or email, please tick here.

You can contact us to update your marketing preferences.

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

- | | | |
|----|--------------------------|---|
| 1. | <input type="checkbox"/> | Personal recommendation |
| 2. | <input type="checkbox"/> | Competitive subscription rates |
| 3. | <input type="checkbox"/> | MPS membership co-ordinator, please provide their initials: |
| 4. | <input type="checkbox"/> | Group arrangement |
| 5. | <input type="checkbox"/> | Dissatisfaction with previous organisation |
| 6. | <input type="checkbox"/> | Other (please provide details) |

Dental Protection

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Calls to Member Services may be recorded for training and monitoring purposes

The benefits of membership are only available to members paying the appropriate subscription.

As a member, the indemnity limit we offer you varies depending on where you live and what grade you are on.

The limit is per individual adverse incident. There is no limit to the total expenditure for all adverse incidents reported in a single membership year.

Visit medicalprotection.org/caribbean-and-bermuda/for-members/country-indemnity-limits for more details about the limits that apply in your country.

Please ensure you are on the correct grade for the amount of hours you work per week. The hours you work should cover all your practice of dentistry involving any contact with or treatment of patients as well as related activities including consultations, advice, treatment planning, consent, record keeping, practice management etc. Members in specified procedure grades must include their hours from all areas of practice not just the time related to undertaking specified procedures.

STATE/EMPLOYER INDEMNIFIED DENTISTS – 12 MONTH MEMBERSHIP

(eg University, Dental School and Hospital employed dentists).

GRADE

Full benefits of membership excluding claims-indemnity. For dentists working solely in a state or employer indemnified post.

DSP

If you undertake private work outside of your state/employer indemnified role, please choose from the grades below.

PRIVATE PRACTICE – 12 MONTH MEMBERSHIP

More than
33 hours
per week

>22 up to
33 hours
per week

>11 up to
22 hours
per week

Up to
11 hours
per week

GRADE

GRADE

GRADE

GRADE

First Year following initial graduation

D1

Second Year following initial graduation

D2

D2T

D2H

D2Q

Third Year following initial graduation

D3

D3T

H3

DQ3

Fourth year following initial qualification

D4

3D4

2D4

QD4

Implantology

Placement and/or restoration of an osseointegrated dental implant where the implant is placed within the tooth-bearing bone i.e. the mandible or maxilla. The grade extends to include associated preparatory procedures such as bone grafting but excludes extra-oral bone harvesting, sinus lifts or bone augmentation involving the floor of the sinus which would be viewed as maxillofacial procedures. Members placing zygomatic or pterygoid implants will need to be in the maxillofacial grade.

IY1

TY1

2Y1

QY1

Maxillofacial surgery/dental surgery

Dentists who carry out OMFS procedures, extra-oral bone harvesting, sinus lifts or bone augmentation involving the floor of the sinus and zygomatic or pterygoid implants.

OMN

TMN

2MN

QMN

Dental vocational training/internship

DVT

DENTAL HYGIENISTS – 12 MONTH MEMBERSHIP

GRADE

First Year following initial graduation

WD1

Second Year following initial graduation

WD2

Third Year following initial graduation

WDH

OTHER DENTAL AUXILIARIES – 12 MONTH MEMBERSHIP

GRADE

Please contact Dental Protection

PRIVATE PRACTICE (EXCLUDING SPECIFIED PROCEDURES) – 6 MONTH MEMBERSHIP	More than 33 hours per week GRADE	>22 up to 33 hours per week GRADE	>11 up to 22 hours per week GRADE	Up to 11 hours per week GRADE
Fourth year following initial qualification	D6	TD6	2D6	QD6
Implantology Placement and/or restoration of an osseointegrated dental implant where the implant is placed within the tooth-bearing bone i.e. the mandible or maxilla. The grade extends to include associated preparatory procedures such as bone grafting but excludes extra-oral bone harvesting, sinus lifts or bone augmentation involving the floor of the sinus which would be viewed as maxillofacial procedures. Members placing zygomatic or pterygoid implants will need to be in the maxillofacial grade.	IY6	IT6	IH6	IQ6
Maxillofacial surgery/dental surgery Dentists who carry out OMFS procedures, extra-oral bone harvesting, sinus lifts or bone augmentation involving the floor of the sinus and zygomatic or pterygoid implants.	MF6	TF6	2F6	QF6

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