

Your application for membership will be assessed and following approval membership will commence from the day that your application is received, unless a prior agreement has been made between yourself and the Membership Services Department.

If, however, you would prefer membership to commence from a later date then please state below:

I wish my membership to start from  /

Please note that full terms and conditions of membership are available within our Memorandum and Articles of Association at [www.mddus.com](http://www.mddus.com)

## Section 1 | Personal details

Please complete in **BLOCK CAPITALS**

Title  Male  Female

Surname  Previous name (if applicable)

Forenames  Date of Birth  /

Work Address  Postcode

Home Address  Postcode

Email Address  Work tel no (incl STD)

Home tel no (incl STD)  Mobile no

Preferred method of communication: letter  email  Preferred address for correspondence work  home

We will endeavour to take your request into account where possible

Qualifications

Country of qualification  Graduation date  /

Establishment graduated from

GMC/GDC Registration No  
(please note that registration with the GMC/GDC is a condition of membership unless applying for Associate Membership)

## Section 2 | Professional history

Failure to disclose full and accurate details about previous or current professional problems may invalidate your membership, which could result in you not receiving advice or assistance from the MDDUS.

Have you previously been a member of the MDDUS? No  Yes  Membership No

Have you ever had any other professional indemnity/insurance before? No  Yes (please provide details below)

Name of Company	Date from	Date until	Membership/Policy No

office ref.

Section 2 | Professional history (continued)

Have there been any gaps in your indemnity/insurance since you graduated?

No

Yes (please provide details below)

Have you ever been refused professional indemnity/insurance or been offered limited or conditional terms?

No

Yes (please provide details below)

Have any claims ever been made against you, in a professional capacity, or do you know of any that could be made in the future, which may not yet have been formalised?

No

Yes (please provide details below)

Have you ever been the subject of disciplinary action arising from your professional practice?

No

Yes (please provide details below)

Have you ever been subject to any inquiry, investigation or hearing by a registration body or had any conditions imposed on your practice, been suspended or erased from a medical/dental register in any country?

No

Yes (please provide details below)

Have you ever been the subject of an adverse finding or criticism within a formal complaints process?

No

Yes (please provide details below)

Have you ever been cautioned by the police or convicted of any criminal offence or been the subject of an adverse CRB report/disclosure?

No

Yes (please provide details below)

Are you aware of any circumstance or situation, relating to professional matters, which you have been involved in and that the MDDUS should be made aware of?

No

Yes (please provide details below)

Section 3 | Professional details (please choose your job title from the appropriate sections below)

General Medical Practice

Discount Practice Scheme number (if applicable)

GP partner  Career start/returner  GP (PCT/PCO/MOD indemnified)

Associate/Assistant  Flexible career scheme  Private GP

GPST - state ST Grade  Academic GP  Practice manager

Dates: in Practice  in Hospital

Higher professional training fellow  GP on retainer scheme (maximum 4 sessions per week)  Locum/Sessional performer

Other (please state)

**Number of GP sessions worked per week on average**  Please indicate if you are a GP Trainer

(this should include out of hours work & periods of on-call)

Medical Practice Manager

Discount Practice Scheme number (if applicable)

Membership of relevant organisations  Date of assumption with partnership  /  /

Type of partner: profit sharing  salaried  Associate membership is available to Practice Managers who are partners in their practice.

Dental

Speciality  Job Title

GDP (Employing Principal/Practice Owner)  Non Employing GDP (Associate)  Dental hygienist  Community salaried dentist

Community dentist  Non Employing GDP (Assistant)  Dental therapist  Dental Orthodontic therapist

**Number of GDP sessions worked per week on average**  Please indicate if you are a VDP Trainer

(this should include out of hours work & periods of on-call)

NHS Hospital/Private Doctor

Speciality

F1  F2  ST (please indicate which year you are in)

SpR  Fixed Term Specialty Training Appointment (FTSTA)  Staff grade

Associate specialist  Consultant

Other, please provide job title

Please provide projected gross private earnings  Please indicate if you are a Foundation Tutor

Non NHS Doctors

Doctor in palliative medicine  Hospice Doctor  Occupational Health Physician

Pharmaceutical Physician  Ophthalmic General Practitioner  Disability analysis

Non clinical

(Only if no surgery is carried out. Please contact our Membership Services Department if you require clarification)

**Subscription fee** (please refer to the subscription rates included within the pack) £

In the event of a claim it may be necessary to validate your subscription rate by supplying a copy of your official contract. Please refer to our Memorandum and Articles of Association at [www.mddus.com](http://www.mddus.com).

#### Section 4 | Place of work

Please provide details of your place of work.

Hospital/Surgery

Department (if applicable)

Address

Town

City

Post Code

Tel No (incl STD)

Email address

For those working within a practice, is this a training practice?

Yes

No

#### Section 5 | Why have you chosen the MDDUS?

Competitive subscription rates

Reputation

Recommendation

Dissatisfaction with current organisation

please provide details

Other

please provide details

Where did you get this form:

Event

Direct from MDDUS

From a colleague

Website

#### Section 6 | Declaration

The MDDUS will hold the information that you provide on its system for administration of your membership, claims handling, marketing, risk assessment and advisory purposes. We may disclose the information to legal or other advisers and other defence organisations as part of our advisory and claims handling process. 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 your information to be used for this purpose, please tick this box . You have the right to apply for a copy of your file (for which we may charge a small fee) and to have any inaccuracies corrected.

- I confirm that the information provided within this form is complete and accurate
- I permit the MDDUS to contact any defence organisation, insurer or employer who has previously provided me with professional indemnity/ insurance, that has, or may result in a claim, disciplinary, legal or regulatory action being taken against me
- I consent to the MDDUS processing my information for risk assessment purposes, claims handling and advisory purposes
- I consent to my personal information being transferred abroad where it is necessary to do so
- I consent to the MDDUS using the email address provided for member communications

I understand that I do not become a member of the MDDUS until my application has been approved. I fully understand the terms of cover under the membership grade that I have selected from the subscriptions rate sheet. The MDDUS is not an insurance company. The benefits of membership of the MDDUS are discretionary and are all subject to the Memorandum and Articles of Association.

Signed

Date

It is a requirement by the MDDUS, in order that we might adequately look after your interests, that you sign and date this form to enable us to comply with the Data Protection Act 1998.

Section 7 | Payment

I wish to pay my subscription amount by:

Cheque (please cross your cheque and make payable to MDDUS)

Visa Delta/Debit    Visa Credit    Maestro/Switch    Solo    Visa Electron    Mastercard

Card number                 CVC code (the last 3 digits on the signature strip)

Start date     Expiry date     Issue no (if applicable)   Card holder Name (as it appears on the card)



Direct Debit (please complete the Direct Debit mandate within Section 8)   I wish to pay:   Annually    Monthly

Instalments are payable over a 10 month period. Please note that there is a £15 administration charge which will be incorporated into your payments at £1.50 per month. Payment by this method is through a UK Bank account only.

Section 8 | Instruction to your Bank/Building Society to pay Direct Debits

Originator No: 999453

Please complete all sections and return this form to:  
The Medical and Dental Defence Union of Scotland, Mackintosh House  
120 Blythswood Street, Glasgow, G2 4EA. (Membership Services Department: 0845 270 2038)

1. Name(s) of account holder

2. Branch sort code

3. Name and full postal address of your Bank/Building Society

To: The Manager

Bank/Building Society

Postcode

4. Account no:

5. Member's name

6. Membership no:

7. Start date  /  /

8. Pay method (please tick)

Annually    10 Monthly

Please pay MDDUS Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee

Signature    Date  /  /

## Section 9 | Equal opportunities monitoring

The Medical and Dental Defence Union of Scotland is committed to ensuring that all applicants for membership are treated equally and not discriminated against on the grounds of gender, colour, race, ethnic or national origin, marital status, civil partner, religion or belief, sexual orientation, gender reassignment, disability or age. This form assists us in monitoring who is applying for membership with us, our adherence to equal opportunities best practice and our progress towards identifying any barriers to diversity among applicants.

This form will be separated from your application on receipt and retained in confidence by a separate department responsible for equal opportunities monitoring. We would be grateful if you would fill in this form and return it with your application. You are not obliged to answer all the questions, or to complete and submit this form, but the more information you supply, the more effective our monitoring will be. All information supplied will be treated in the strictest confidence. Thank you for your assistance.

1. What is your gender? (please tick) Male  Female  (If you are currently undergoing the process of gender reassignment, please tick your future gender)

2. How would you describe your ethnic or national origin? (please tick the appropriate box)

**A. Arab or Middle Eastern Descent**

Arab   
Iraqi   
Kurdish   
North African   
Any other Arab or Middle Eastern background

**B. Asian or Asian British**

Bangladeshi   
Indian   
Pakistani   
Any other Asian background

**C. Black or Black British**

African   
Caribbean   
Any other black background

**D. Chinese**

Chinese

**E. Mixed Heritage**

White and Asian   
White and Black African   
White and Caribbean   
Any other mixed background

**F. White**

English   
Irish   
Scottish   
Welsh   
Any other White background

**G. Other**

Any other ethnic background

3. Is your age between: (please tick)

16-24  25-29  30-39   
40-49  50-59  60 or over

4. How would you describe your sexual orientation (please tick)?

Bisexual  Gay  Heterosexual   
Lesbian  Other  Prefer not to say

5. How would you describe your religion?

My religion is  Prefer not to say  I am not religious

6. In accordance with the Disability Discrimination Act 1995 (DDA) we define a disability as a "physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities". An effect is long-term if it has lasted, or is likely to last, over 12 months. Do you consider yourself to have a disability under the DDA? (please tick)

Yes  No  Don't know  Used to have a disability but have now recovered  Prefer not to say

7. For the purposes of compliance with the Data Protection Act 1998 the information collected in this form will be processed by the Medical and Dental Defence Union of Scotland in connection with monitoring compliance with its equal opportunities obligations and policy.

Signed

Date

 /  /

**The Medical and Dental Defence Union of Scotland**

Mackintosh House  
120 Blythswood Street  
Glasgow G2 4EA

**London Office**

1 Pemberton Row  
London  
EC4A 3BG

T: 0845 270 2034

Membership Services Department: 0845 270 2038

F: 0141 228 1208

E: [membership@mddus.com](mailto:membership@mddus.com)

[www.mddus.com](http://www.mddus.com)

The Medical and Dental Defence Union of Scotland, Registered in Scotland No. 5093 at Mackintosh House, 120 Blythswood Street, Glasgow G2 4EA.

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