

## Section 1 | Personal Details

Please complete in **BLOCK CAPITALS**

Ref

Title

Male

Female

Surname

Forename

Previous Name  
(if applicable)

Address (for all correspondence)

Postcode

Date Of Birth

 /  / 

Email address

Work tel no (incl STD)

Home tel no (incl STD)

Qualifications

University Graduated from

Date of Graduation

 /  / 

GMC Reg No (reg with GMC is a condition of membership)

Date cover required from

 /  / 

Address of practice

Postcode

Have you previously been an MDDUS member

Y

N

Previous MDDUS number

Have you ever had any other defence arrangements

Y

N

If yes please state

MDU

MPS

Other

Previous  
Membership no.

Dates with previous  
defence organisation

 /  /

# GP Registrar - application form

## Section 2 | Previous claims / disciplinary action history

It is essential for purposes of indemnity and complete protection that you make the fullest possible disclosure to the MDDUS now of any relevant history. You should also include any incidents from a previous period of membership with the MDDUS.

1. Have you ever been involved in any claims for damages, disciplinary action, fatal accident inquiries/coroner's inquests, matters involving the GMC, or have you been the subject of any complaint arising from your professional practice?

Yes  No

If yes, please give dates and details below along with the name of your indemnity/insurance provider at that time:

2. Are there any claims, complaints, disciplinary actions, fatal accident inquiries/coroner's inquest involvement and matters involving the GMC that are known to you but which may not yet have been formalised in correspondence, or are there grounds of action against you which may give rise to any of these actions in the future?

Yes  No

If yes, please give dates and details below along with the name of your indemnity/insurance provider at that time:

### DECLARATION

I consent to the MDDUS contacting my previous defence organisation or insurer if required.

Signed

Date

## Section 3 | GP training scheme

Working in General Practice for 12 months

Working in NHS hospital for 12 months

Working in split hospital / practice year

Please enter number of months in each discipline

Months practice from

to

Months hospital from

to

Payment can be made by cheque, Credit/Debit card (excluding Amex). Alternatively, you can complete the Direct Debit mandate and pay annually or monthly.

**Monthly instalments by Direct Debit only**

Instalments are payable over a 10 month period. Please note there is a £15 administration charge for this which is incorporated into your payments at £1.50 per month. Payment by this method is through a UK bank account only. Credit/Debit card payments are not acceptable.

**Cheque:** I enclose a cheque for £  cheques should be crossed and made payable to MDDUS

**Credit/Debit card:**

**Security Code**       **Issue no**   **Start**       **Exp**

Last 3 digits on signatory strip

**Direct Debit:** I have completed the Direct Debit mandate opposite and wish to pay my subscription

Annually  Monthly

**DECLARATION**

The MDDUS will hold the information 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 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 which 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 permit the MDDUS to contact my defence organisation, insurer or employer who has previously provided me with professional indemnity regarding past and present claims.
- 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 understand that I do not become a member of the MDDUS until my application has been approved by the MDDUS Board of Directors. I declare that the information supplied is correct and I fully understand the terms of the cover under the membership grade stated on this form. 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.

## 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 and full postal address of your Bank/Building Society

To: The Manager

3. Branch sort code:

Bank/Building Society

4. Account no:

5. Member's name

Postcode

6. Membership no:

2. Name(s) of account holder

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 Mandate

Signature

Date

### Cancelling your medical indemnity/insurance with another organisation

Title

Please indicate if you do not wish to be contacted by this organisation in relation to the cancellation of your membership

Surname

I have instructed my Bank/Building Society to cancel my direct debit arrangement with you and request that you cease collecting monies

First name

Signature:

Address

Date:

Name of other organisation

I request a refund of my cheque payment already given to you.

I request a refund of my cash payment already given to you.

I request a refund of my credit/debit card payment already given to you

Membership no. of other organisation

Please cancel membership with effect from my next renewal date (dd/mm/yy)

My Card No is:

If you require assistance with the completion of this form call our Membership Services Department on 0845 270 2038.

Once completed, this application for membership should be returned to:  
Membership Services Department, MDDUS, Mackintosh House, 120 Blythswood Street, Glasgow, G2 4EA.