

MDDUS ELECTIVE APPLICATION FORM



UK INDEMNITY, ADVICE & SUPPORT

www.mddus.com

Please complete in BLOCK CAPITALS

Section 1 - Personal Details

Title Male Female

First Name

Term Address

Postcode

E-mail

University

MDDUS Student Membership Number

Ref:

Surname

Home Address

Postcode

Date of Birth / /

Graduation Year

Medical Dental (tick as required)

Section 2 - Elective Details

Date 1st Elective Commences / /

Date Elective Ends / /

Country of Proposed Elective

Professor/Consultant you are working for

Name of Hospital

Hospital Address

Postcode

Date 2nd Elective Commences / /

Date Elective Ends / /

Country of Proposed Elective

Professor/Consultant you are working for

Name of Hospital

Hospital Address

Postcode

Section 3 - Data Protection Act 1998

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 this information, within the UK or abroad, to legal or other advisors 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 which we believe may be of interest to you. If you do not wish your information to be used for this service please tick this box.

You may 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.

Australia

The MDDUS does not provide protection in respect of electives performed in Australia due to the legislative requirements in that jurisdiction.

Important

It is the responsibility of any individual to ensure that the cover provided by MDDUS meets the requirements of the host country and establishment where the elective placement is being undertaken. MDDUS cannot accept any responsibility for any failing in this respect by any person undertaking an elective.

Please complete all sections then return this form to: MDDUS, Mackintosh House, 120 Blythswood Street, Glasgow, G2 4EA. It is a requirement by the MDDUS, in order that we might adequately look after your interests, that you sign and return this form to enable us to comply with the Data Protection Act 1998.

Signature

Name

Date / /

How your information will be used

In order to progress your application, for administrative purposes we will record, keep, and hold the personal data which you have provided in this application form in our membership application system.

If your application is successful, we will hold this data as part of your membership record. In the event that your application is rejected, we will hold the application record and the reason for rejection for two years for the purposes of any future application that you may make to us. After two years we will delete your application record, the data contained within it and the reason for your rejection.

In the event that you withdraw your application prior to a decision being made by us on your application, we will delete your application within 6 months.

Please see our Privacy Notice for further information on how we process your personal data, including how we keep your personal data secure and your rights. If you have any questions about our use of your data, please contact us by email at customerservices@mddus.com

As a mutual membership organisation, MDDUS has an obligation to protect our members' funds. We rely on applications being completed accurately and fully.