



# DDU<sup>†</sup> application for membership and proposal for professional indemnity insurance

## Dental Care Professionals: dental nurses, dental technicians, clinical dental technicians, orthodontic therapists and practice managers

Please detach this form from the application guide and print your answers clearly, using a black or blue pen. Please complete all sections of this form, read the declaration and agreement on page 5 and sign the statement at the bottom of this page. Incomplete or unsigned forms cannot be processed and will be returned. For your own protection you should also read the application guide and any other information which accompanied this application form. If you do not understand any point, please ask us for further information. Return your completed form to: Your DDU Liaison Manager or the **Membership Department, The DDU, 230 Blackfriars Road, London, SE1 8PJ.**

### A Personal details

Former DDU number (if applicable)

Surname \_\_\_\_\_ Forenames \_\_\_\_\_

Former or maiden name \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Title Dr  Mr  Mrs  Ms  Miss  Other \_\_\_\_\_ Gender Male  Female

Preferred correspondence address (Please indicate  Home  Work) \_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_

Permanent address if different from above (Please indicate  Home  Work) \_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_

Home telephone \_\_\_\_\_ Mobile phone \_\_\_\_\_ Work telephone \_\_\_\_\_

Contact email \_\_\_\_\_ (Please indicate  Home  Work)

Secondary email \_\_\_\_\_ (Please indicate  Home  Work)

### B Registration details

Registration number (if applicable)

Registration body e.g. GDC \_\_\_\_\_ Full  Provisional

Registration date \_\_\_\_/\_\_\_\_/\_\_\_\_ Registration expiry \_\_\_\_/\_\_\_\_/\_\_\_\_

### C Academic details

Country of qualification	Dental school or college	Date of qualification	Qualifications obtained
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

Certified post qualification training \_\_\_\_\_

### D Previous professional indemnity provider

Company	Start date	End date	Registration no / Membership no
_____	____/____/____	____/____/____	_____
_____	____/____/____	____/____/____	_____
_____	____/____/____	____/____/____	_____

### E Main country in which you practise \_\_\_\_\_

#### Statement

**Please complete the form and sign below.**

I confirm that the information provided within this form is complete and an accurate representation of my practice. I consent to all use and processing of my personal data in accordance with the terms of the MDU/DDU's privacy policy. I agree to receive notices, documents and other information from The Medical Defence Union Limited by electronic communication unless I have indicated otherwise on page 5.

I authorise and request my current and any former dental defence organisation, insurance company or indemnity provider to release to MDU Services Limited information regarding my membership or my insurance or indemnity contract, complaints of a dento-legal nature, claims or actions for damages or compensation, past or present, during my period of membership and/or indemnity, whether or not there has been a final resolution, and I consent to the disclosure of such information to the DDU, SCOR and Inter-Hannover.

<sup>†</sup> The Dental Defence Union (the DDU) is the specialist dental division of The Medical Defence Union Limited (the MDU) and references to the DDU and DDU membership mean the MDU and membership of the MDU.

#### OFFICE USE ONLY

Scheme \_\_\_\_\_

Start Date \_\_\_\_\_

Form Check \_\_\_\_\_

Indemnity Check \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

## F Dental Care Professional groups

Please tick all that apply:

Dental nurse

Clinical dental technician

Practice manager

Dental technician

Orthodontic therapist

## G General questions

Please answer all questions

- G1** Are you aware of any complaints or claims that have been brought or threatened against you, or of any incidents which could lead to such a complaint or claim? N  Y
- G2** Are you aware of any circumstances which could lead to disciplinary action or suspension from practice? N  Y
- G3** Are you aware of any circumstances, irrespective of their seriousness, which could lead to investigation, suspension, the imposition of restrictions or conditions on your registration or licence to practise, or your removal from a professional register or of your licence to practise, by a registration body? N  Y
- G4** Have you ever been the subject of disciplinary action arising from your professional practice, irrespective of the merits or seriousness of the matter that led to this? N  Y
- G5** Have you ever had conditions attached to your professional practice, been suspended from practice or dismissed from practice? N  Y
- G6** Have you ever been the subject of investigation by a registration body (e.g. GMC/GDC screening/investigation stage onwards) or other body (e.g. NCAS), or the equivalent body in another country? N  Y
- G7** Have you ever been the subject of an adverse finding by a registration body (e.g. GMC/GDC screening/investigation stage onwards) or other body (e.g. NCAS), or the equivalent body in another country? N  Y
- G8** Have you ever been refused registration or licence to practise or been erased from registration or had your licence to practise removed by a registration body? N  Y
- G9** Have you ever had any restrictions or conditions imposed on your registration or licence to practise by a registration body? N  Y
- G10** Has any professional indemnity insurer ever declined to insure you, required special terms to insure you, or cancelled or refused to renew your insurance? N  Y
- G11** Has any defence organisation or indemnifier declined to offer you membership or refused to renew your membership or terminated your membership? N  Y
- G12** Has any defence organisation or indemnifier ever sought to impose special conditions on your membership or required an increased subscription? N  Y
- G13** Have you ever been convicted of a criminal offence, or received a formal Police Caution? (Including any motoring offences, even if you were fined but not imprisoned). N  Y
- G14** Have you ever been bankrupt or subject to insolvency proceedings, or entered into or proposed any voluntary arrangement with creditors? N  Y
- G15** You must tell us if there any other facts or circumstances that may be relevant to our considering your application.

- G16** Do you prescribe alternative or complementary medicines or carry out alternative or complementary procedures? N  Y

**G17** Do you carry out any procedure whose primary aim is to improve cosmetic appearance but excluding standard restorative dentistry for cosmetic reasons?

N  Y

**Please note** the DDU does not provide indemnity to dental care professionals carrying out botulinum and Collagen Replacement Therapy, and all similar cosmetic procedures. However if you are medically qualified and undertake any cosmetic work please list details of the procedures undertaken, hours and income per week.

**G18** Do you have any other clinical work for which you require indemnity?

N  Y

If yes, please provide full details continuing on a separate sheet of paper, if necessary.

**G19** Do you do anything which is not classified as normal for your specialty/group, for which you require indemnity and about which you have not already told us, e.g. tooth bleaching? If yes, please provide full details continuing on a separate sheet of paper, if necessary.

N  Y

**Please note** that if you are elected to membership and your practice of work changes during your subscription year, you must notify the DDU Membership Department. Please be aware that changes in your practice may lead to a change in your subscription rate.

If you answered 'yes' to questions **G1-G14**, please provide full details in the box provided and make sure you have covered the following:

- the date the incident took place;
- whether you contacted your defence organisation or indemnity provider, and if so, which organisation;
- a brief summary of the case and the relevant details (please **do not** identify the patient in any way);
- your involvement in it;
- details of any legal or indemnity payments made, if you are aware of this;
- the eventual outcome (if not known, please state what the position was when you last heard).

In respect of question G5, please indicate whether your dental defence organisation or indemnity provider has declined to assist or indemnify you, wholly or partly, as a consequence of the decision. (Please **do not** send any **original** documents with this application.)

**H Why have you chosen to apply for DDU membership?**

Please tick all that apply:

Security of insurance

Personal recommendation

Subscription rates

Dissatisfaction with previous defence organisation

Other (please give details in space provided) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## I Paying your subscription

Your prospective membership will commence from the date that your completed application form is received by our Membership Department unless you specify a start date after this. Should you require your prospective membership to commence from today, please complete the Application Request form on our website, go to **the-ddu.com** and click on 'Apply now', or call the **freephone membership helpline** on **0800 085 0614** (Mon to Fri, 8am to 6pm).

**Date membership to commence:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Subscription amount (including insurance premium) £ \_\_\_\_\_

If the subscription amount does not appear above call our freephone membership helpline on **0800 085 0614** (Mon to Fri, 8am to 6pm).

Please be aware that subject to the information you provide and the date you submit your application, your subscription rate may change. If this is the case you will be informed prior to your being accepted into membership.

Please note that processing of your payment does not constitute acceptance of your application for membership. Your payment will be refunded if your application is not successful. For your peace of mind we recommend you pay by Direct Debit and we have two options for your convenience. We can debit your account for the full amount each year (see below), or you can pay by monthly Direct Debit instalments (see overleaf). You only need to fill in the relevant mandate once and it will roll over from year to year. You are protected by the Direct Debit safeguards and can cancel your authority at any time by writing to your bank or building society.

**For annual Direct Debit (single annual payment of full amount) please complete below and for other payment options please see next section**

## J Annual Direct Debit payment option

**Annual Direct Debit (single annual payment of full amount). Please complete the Direct Debit mandate below.**

### Annual Direct Debit mandate

Instructions to your Bank/Building Society to pay by Direct Debit:

Please complete parts J1–J4 to make payments directly from your account



**J1** To: The Manager

\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_ (full name and postal address of Bank/Building Society – including postcode)

**J2** Name of account holder \_\_\_\_\_

**J3** Bank/Building Society account no

Bank sort code  Originator's identification no. **991121**

**J4** Your instruction to the Bank/Building Society and signature:

- I instruct you to pay Direct Debits from my account at the request of MDU Services Limited.
- The amounts are variable and may be debited on various dates.
- I understand that MDU Services Limited may change the amounts and dates only after giving me prior notice.
- I will inform the Bank/Building Society in writing if I wish to cancel this instruction.
- I understand that if any Direct Debit is paid which breaks the terms of the instructions, the Bank/Building Society will make a refund.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

Banks/Building Societies may decline to accept instructions to pay Direct Debits from some types of account.

### Direct Debit Guarantee

- This guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit MDU Services Limited will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request MDU Services Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by MDU Services Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
  - If you receive a refund you are not entitled to, you must pay it back when MDU Services Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

## k Alternative payment options

**Monthly Direct Debit instalments** (no immediate payment is required - a separate form will be sent to you). Please note that if you choose to pay by monthly Direct Debit instalments, there may be a small credit charge. Please do not complete the annual direct debit mandate as this only applies to single annual payment of the full amount.

**Cheque.** Please enclose a cheque made payable to 'MDU Services Limited'.

**Debit/credit cards.** Single annual payment of full amount.

Maestro  Visa Debit  Visa  Mastercard  Name of cardholder \_\_\_\_\_

Signature of cardholder \_\_\_\_\_

Address of cardholder \_\_\_\_\_

My card number is

Last 3 digits of security code    (from reverse of card)

Expiry date \_\_\_\_/\_\_\_\_/\_\_\_\_ Issue no (Maestro only) \_\_\_\_\_ Start date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Declaration and agreement

I hereby apply for DDU membership of The Medical Defence Union Limited (**the MDU**), in accordance with its Memorandum and Articles of Association, and apply to SCOR UK Company Limited (**SCOR**) and International Insurance Company of Hannover Limited (**Inter-Hannover**) for professional indemnity insurance.

### I understand and acknowledge that

- The Dental Defence Union is the specialist dental division of The Medical Defence Union Limited and references to the **DDU** and membership of the DDU mean the MDU and membership of the MDU;
- MDU Services Limited (**MDUSL**) is the service company for the MDU and DDU and any notices or information which I am required to give to the MDU or DDU should be sent to MDUSL;
- professional indemnity insurance cover is provided by a policy underwritten by SCOR and Inter-Hannover, subject to the terms and conditions of the policy;
- other benefits of membership of the DDU are discretionary and are subject to the MDU's Memorandum and Articles of Association;
- benefits may be granted to me only as long as I comply with the laws on registration and licensing in force in any country where I practise or engage in postgraduate study;
- removal from a professional register (even if voluntary) or any change in registration should be notified to the DDU as this will affect membership;
- with the exception of Good Samaritan acts, the benefits of membership do not extend to any practice undertaken in the USA or Canada or any litigation which may arise in these countries or in the territories and principal island groups under their sovereignty. Restrictions also apply for other countries;
- I must notify the DDU in writing of any change in address, country or practice or any other circumstance which may be relevant to membership;
- a condition of membership of the DDU is that any misrepresentation or misstatement in, or omission of, any information which is likely to influence the acceptance or assessment of this application, whether intentional or not, is cause for immediate rejection of this application or termination of membership and that in such circumstances all benefits of membership of the DDU may be withdrawn or denied;
- non-disclosure or misrepresentation of any material fact in this proposal for professional indemnity insurance by SCOR and Inter-Hannover will entitle SCOR and Inter-Hannover to avoid the insurance and that if I am in any doubt as to whether a fact is material or not, I must disclose it. A "material fact" is one likely to influence acceptance or assessment of this proposal for professional indemnity insurance by SCOR and Inter-Hannover;
- the professional indemnity insurance provided by SCOR and Inter-Hannover will not commence until my application for membership of the DDU has been accepted.

### I declare that

- to the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts;
- I accept the professional indemnity insurance subject to the terms and conditions of the policy.

## Data protection

Note: The MDU/DDU's privacy policy, which can be found in the application guide and on the DDU website at the-ddu.com/privacy, sets out:

- that the DDU, MDU, MDUSL and other Permitted Users will keep and use your personal information;
- the purposes for which your personal information will be used and what the DDU, MDU and MDUSL can send to you, including marketing communications.

Please read the privacy policy carefully as your signature on page 1 of this application is your consent to the way in which your personal data may be used.

## Marketing communications

The DDU will send you materials it thinks will be of interest to you. You can choose NOT to receive these by ticking below or, at any time in the future, updating your preferences on the DDU website at the-ddu.com. You may also write to the membership department at 230 Blackfriars Road, London, SE1 8PJ or email membership@the-ddu.com

I do NOT wish to receive:

- the DDU Journal or similar publications
- email communications including dento-legal updates
- other direct marketing communications about similar products and services.

## Statutory communications

I agree to:

- having access to the MDU's annual accounts, directors' report and auditor's report, and any other documents or information sent or supplied by the MDU, on the MDU website at the-mdu.com;
- notice of general meetings of the MDU being given to me by access on the MDU website, together with details of any proxy appointment deadlines;
- being notified by electronic mail of the publication or availability of notice of general meetings, or any other documents or information sent or supplied by the MDU, on the MDU website, the address of the website, the place on the website where the documents or information may be accessed and how the documents or information may be accessed;
- being sent or supplied by the MDU with notice of general meetings or any documents or information, by electronic mail;
- notify the DDU of my email address, which may be used for sending electronic mail for the above purposes. Any email address given by me elsewhere on this form is the relevant email address for this purpose, until I notify any change. I understand that if the DDU does not have my email address, I will receive notification by post instead of electronically;
- notify the DDU of changes in my email address.

Further information on electronic communication and statutory information, including any system requirements, is available at the-mdu.com/agm. If you wish to receive statutory communications by post instead of electronically, please tick here

## Additional details

For membership queries please call the freephone membership helpline on  
**UK 0800 085 0614**

Lines are open Monday to Friday, 8am to 6pm

## Notes

**Before returning this form please check you have:**

- Completed each section
- Completed your payment choice
- Signed the statement on page 1
- Detached this form from the guide, retaining the guide for your reference.

**Thank you. Return your completed form to: Membership Department, The DDU, MDUSL, 230 Blackfriars Road, London, SE1 8PJ.**