



MDU application for membership and proposal for professional indemnity insurance General Practitioners and GPSTs

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 8 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.

A Personal details

Please write in CAPITALS

Date of birth	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Former MDU number (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Title	<input type="text"/>	Surname	<input type="text"/>
Forenames	<input type="text"/>	Previous surname (if applicable)	<input type="text"/>
		Gender	<input type="text" value="M"/> <input type="text" value="F"/>
Home address	<input type="text"/> <input type="text"/> <input type="text"/>		
	Please tick to send correspondence to this address: <input checked="" type="checkbox"/>		
Work address	Organisation: <input type="text"/>		
	Address: <input type="text"/> <input type="text"/>		
	Please tick to send correspondence to this address: <input checked="" type="checkbox"/>		
Preferred email	<input type="text"/>		(Please tick home or work) <input type="text" value="H"/> <input type="text" value="W"/>
Secondary email	<input type="text"/>		(Please tick home or work) <input type="text" value="H"/> <input type="text" value="W"/>
Contact number(s)	Mobile <input type="text"/>	Alternative <input type="text"/>	(Please tick home or work) <input type="text" value="H"/> <input type="text" value="W"/>

B Academic details

Please write in CAPITALS

Country of qualification	Name of training establishment	Date of qualification	Qualifications obtained
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C Previous professional indemnity history (since qualification)

Please write in CAPITALS

Company	Start date	End date	Registration no / Membership no
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason for any gaps (eg parental leave or only doing work indemnified by NHS bodies)

<input type="text"/>
<input type="text"/>

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 MDU by electronic communication unless I have indicated otherwise on page 8.

I authorise and request my current and any former medical defence organisation, insurance company or indemnity provider to release to MDU Services Ltd information regarding my membership or my insurance or indemnity contract, complaints of a medico-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 MDU, SCOR UK Company Limited (SCOR) and International Insurance Company of Hannover Limited (Inter-Hannover).

Office use only
<input type="text"/>
<input type="text"/>

Signature Date

D Other details

Please write in CAPITALS

GMC registration number Do you have 'registration only' or 'registration with a licence to practise'? Are you on the GMC GP Register? N Y Are you on a PCT performers list? N Y**E General questions**

Please tick relevant answer

- E1 Are you aware of any incidents or circumstances involving you, irrespective of their seriousness, which could lead to an investigation, complaint, claim, disciplinary action, legal dispute, suspension from practice, 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
- E2 Have you, in the last 10 years, had any complaints or claims brought or threatened against you, irrespective of their merits or seriousness? N Y
- E3 Have any concerns ever been raised about your conduct, clinical practice or performance, educational progress, business administration or probity by an employer, medical school, NHS Trust, clinical colleague or any other body? (eg the Care Quality Commission or a private hospital) N Y
- E4 Have you ever been the subject of an investigation or action under a disciplinary process or the NHS Performers List Regulations, irrespective of the merits or seriousness of the matter that led to this? N Y
- E5 Have you ever been suspended or dismissed from a post or had practice privileges or admitting rights withdrawn, suspended or made subject to restrictions or conditions? N Y
- E6 Have you ever been the subject of an investigation or an adverse finding by a registration or licensing body? (eg GMC/GDC – case examiner stage onwards) or any other body, eg the National Clinical Assessment Service or a Royal College) N Y
- E7 Have you ever had restrictions or conditions imposed on your registration or licence to practise, or been removed, refused or erased from registration or had a licence to practise withdrawn or refused, by a registration or licensing body? N Y
- E8 Have you ever been charged with, or convicted of, a criminal offence, or received a formal Police Caution? (Including any motoring offence even if you were fined but not imprisoned but excluding fixed penalty notices for speeding offences or parking tickets) N Y
- E9 Has any professional indemnity insurer or medical defence organisation ever declined to indemnify you, required special terms to indemnify you, cancelled or refused to renew your policy or membership or charged you an additional premium/subscription? N Y
- E10 Have you ever been bankrupt or subject to insolvency proceedings, or entered into or proposed any voluntary arrangement with creditors? N Y
- E11 Are there any other facts or circumstances that may be relevant to our considering your application? If so, please provide details N Y



Please ensure you have read questions E1 to E11 carefully. If you have answered yes to any question (or are unsure how to answer any question) then please provide full details on a separate sheet including:

- question number
- relevant dates
- the nature of the matter in question
- how the matter was resolved
- whether you were assisted by an insurer, medical defence organisation or other body

F Working circumstances

GPSTs - Please go to question F4

F1 General Practitioners

The MDU defines a session as 4 hours of clinical work or part of 4 hours worked

To calculate your average number of sessions worked per week use the following calculation:

$$\text{Hours per week worked} \times \text{Weeks per year worked (excluding holidays and study leave)} \div 52 \div 4 = \text{Average weekly sessions worked}$$

(Please remember it is your AVERAGE number of weekly sessions across your membership year on which your subscription is calculated)

Please indicate below your type of work and the number of sessions per week

Type of work	Number of sessions per week
Principal/Partner Please include out-of-hours work for patients registered with your own practice	
Non-principal/Salaried This is a GP who is an employee of a primary care provider, rather than a partner in a practice. They have a contract of employment with the primary care provider, have tax deducted before they receive their salary and also receive holiday pay & sick pay. Please include out-of-hours work for patients registered with your own practice	
Locum A Locum (or freelance) GP is a GP who does not work for one fixed practice, but undertakes temporary contracts, sometimes but not always via a locum agency. They are self employed and pay their own tax.	
Out-of-hours GP (eg for a deputising service or co-operative)	
Private GP A private GP provides care from private (non-NHS) patients. Private GPs may be employed or self-employed. If you are an employed private GP, please also answer the following: Name of the employer <input type="text"/> In respect of claims arising, is your work indemnified through an employers indemnity scheme? <input type="checkbox"/> N <input type="checkbox"/> Y If not, do you require indemnity from the MDU? <input type="checkbox"/> N <input type="checkbox"/> Y	

F2 Other GP work

Trust indemnified	Number of sessions per week	<input type="text"/>
Academic GP	Number of sessions per week	<input type="text"/>
Doctors retainer scheme	Number of sessions per week	<input type="text"/>
GP career start scheme	Number of sessions per week	<input type="text"/>
Other GP schemes	Number of sessions per week	<input type="text"/>
(Please give details of scheme)	<input type="text"/>	

F3 Questions for all GPs

F3A Are you active as a GP specialist (GPwSI)? (if not, please go to F3B) N Y

Do you have PCT accreditation (or equivalent) for this role? N Y

Please indicate the areas in which you specialise

Number of sessions per week as an NHS GPwSI **not** indemnified by an NHS body (eg most primary care settings)

Have you already included these sessions in F1 above? N Y

Number of sessions per week as an NHS GPwSI that **are** indemnified by an NHS body (eg most secondary care settings)

Number of sessions per week and income as a private GPwSI

Sessions Gross income* £ Net income* £

Have you already included these sessions in F1 above? N Y

* See page 5 for details on how we calculate gross and net income

F Working circumstances (continued...)

F3B Do you perform surgical procedures as part of your general practice work?

 N Y

If 'yes', if you perform any procedures in addition to those listed here, please provide details of the procedures and any relevant experience, training and qualifications (continue on a separate sheet if necessary)

Excision of 'lumps and bumps' where malignancy is not suspected (sebaceous cysts, small lipomas etc), Drainage/aspiration of cysts and bursae, Intra-articular injections, Cryotherapy/diathermy/curettage (eg warts, verrucae, molluscum contagiosum), Ingrowing toenails (removal of nail only - not nailbed).

F3C Do you place sub-dermal or intra-uterine contraceptive devices?

 N Y

If yes, do you hold a current letter of competence from the RCOG Faculty of Sexual & Reproductive Healthcare or equivalent proof of suitable training?

 N Y

F3D Do you undertake any work as a Prison Medical Officer?

 N Y

If so, on average how many 4 hour sessions do you undertake per month? Please include both 'dedicated' sessions and 'oncall' availability.

Have you already included these sessions in F1?

 N Y

F3E Do you undertake any work as a Forensic Medical Examiner (FME)/Police Surgeon?

 N Y

How many hours do you spend each week, on average, undertaking Police Surgeon/FME work?

Please only include the time you spend with patients and the time, when the patient is not present, that you spend writing up notes and doing other related administration work.

F3F Do you undertake medico-legal work? (acting as an expert)

 N Y

If so, on average how many hours per week do you spend doing medico-legal work?

What is your annual income from medico-legal work?

Gross income *

£

Net income *

£

* See page 5 for calculating gross and net income.

F3G Do you provide intrapartum care which is not indemnified by NHS bodies?

 N Y

If so, please specify the number of deliveries per year

F3H Do you do any non clinical work in your role as a doctor for which you require MDU indemnity?

 N Y

If yes, please give details, making sure to include the type of work, the average number of hours per week you spend doing it and your gross and net income from the work. * See page 5 for details on calculating gross and net income.

F4 GPSTs

Please use the tables below to detail your work for the forthcoming year

Start Date	Grade	Type of Work						
/ /	GPST1 <input checked="" type="checkbox"/>	Hospital Doctor <input checked="" type="checkbox"/>	For each placement, please only select one type of work. Full time and part time relates to GP practice rest of UK only.					
End Date	GPST2 <input checked="" type="checkbox"/>	GP practice - Scotland <input checked="" type="checkbox"/>						
/ /	GPST3 <input checked="" type="checkbox"/>	GP practice - Rest of UK					Full Time <input checked="" type="checkbox"/>	Part Time

Start Date	Grade	Type of Work						
/ /	GPST1 <input checked="" type="checkbox"/>	Hospital Doctor <input checked="" type="checkbox"/>	For each placement, please only select one type of work. Full time and part time relates to GP practice rest of UK only.					
End Date	GPST2 <input checked="" type="checkbox"/>	GP practice - Scotland <input checked="" type="checkbox"/>						
/ /	GPST3 <input checked="" type="checkbox"/>	GP practice - Rest of UK					Full Time <input checked="" type="checkbox"/>	Part Time

If you have more than two placements in the forthcoming year, please provide details on a separate sheet of paper to include start and end dates, grade and type of work.

F5 All applicants

Some MDU subscriptions are income related. If we ask for your **gross** income, we mean the gross income generated from your work, whether or not you receive any or all of this. However, before calculating the subscription due we allow deductions for reasonable expenses up to a maximum of 50%. Expenses deducted must be wholly, exclusively and necessarily incurred for the purpose of clinical practice. If we ask for your **net** income, we mean your gross income minus deductions for reasonable expenses as described above, but before tax is deducted.

Please be aware that you need to declare your income for your MDU membership year, and that you may be required to provide documentation to support the expenses calculations. The MDU is aware that practice expenses may differ between specialties.

F5A Do you do any work in the Irish Republic? N Y

If 'yes', do you require indemnity from the MDU? N Y IMC registration number

If 'yes', please indicate how many days GP work you expect to do in Ireland per year

F5B Do you do any work in any other overseas country? N Y

If 'yes', do you require indemnity from the MDU? N Y If 'yes', please call the membership department on 0800 716 376 to discuss

F5C Do you have any arrangement (contractual or not) with a club/organisation to assess and/or treat professional sportsmen or women? N Y

If 'yes', do you require indemnity from the MDU? N Y If 'yes', please provide the club or organisation name, the number of days per year and your income from this (gross and net)

F5D Do you perform e-consultations or telephone consultations? N Y

If 'yes', do you require indemnity from the MDU? N Y If so, please give full details, making sure to include the location of the patients (country), whether you are prescribing, and your income from this work (gross and net)

F5E Do you prescribe alternative or complementary medicines or carry out alternative or complementary procedures? N Y

If 'yes', do you require indemnity from the MDU? N Y

If 'yes', please list the procedures and indicate your income from all procedures (gross and net)

F Working circumstances (continued...)

F5F Do you carry out cosmetic procedures? (We define a cosmetic procedure as one where the primary purpose is to alter the aesthetic appearance of the patient rather than treat pathology) N Y

If yes, do you require indemnity from the MDU? N Y

If yes, do you do any of the following:

Botulinum toxin Temporary dermal fillers (including Collagen) IPL

Microdermabrasion Superficial facial peels (not using TCA) Thread vein work

If 'yes', please give your annual income from this group of procedures Gross income £ Net income £

Do you do any other cosmetic procedures? N Y

If yes, please complete the following table (continuing on a separate sheet if necessary)

Procedure	Gross annual income	Net annual income

F5G Do you do anything which would not normally fall within the remit of General Practice, and about which you have not already told us? N Y

If yes, do you require indemnity from the MDU? N Y

If yes, please give full details including volume and income (gross and net)

F5H Do you do any other work (not mentioned above) for which you require MDU cover? N Y

If yes, please give full details including volume and income (gross and net)

G Services - text alerts

We can send important text alerts to your mobile phone provided you have given us your mobile number on page 1. Please indicate below if you would like to opt in to text alerts. You can stop text alerts at any time in the 'My MDU' section of our website.

Notification that your renewal subscription is overdue

H Why have you chosen to apply for MDU membership?

Security of insurance Reputation of the MDU as established UK market leader Personal recommendation

Subscription rates Dissatisfaction with previous defence organisation **GROUPCARE** scheme in place

Please provide **GROUPCARE** scheme number

Other
(please give details
in space provided)

Notes

Before returning this form please check you have:

- completed each section
- completed your payment choice
- signed the statement on page 1

Detach this form from the guide, retaining the guide for your reference. **Thank you**

I Paying your subscription

It is important that we receive your fully completed form within 5 working days of your requested start date. In the event we do not receive your form within this period, any membership would start from the day we receive your form. This could result in a change in subscription and if this happens we will contact you.

Date membership to commence: Immediately Future date:

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 being accepted into membership.

There are several different ways you can pay for membership. We recommend you pay by Direct Debit so your subscription is paid on time each year, ensuring there is never a gap in your indemnity. You are protected by the Direct Debit guarantee and can cancel your Direct Debit at any time. We can debit the full amount each year (see section J), or you can pay by monthly instalments (see section K). You can also pay by cheque or debit/credit card (see section L).

If you choose to pay by cheque or debit/credit card, your payment will be processed upon receipt of your application form. Please note that payment does not constitute confirmation of membership. If your application for membership is unsuccessful you will be refunded.

For annual Direct Debit (single annual payment of full amount) please complete section J.

For other payment options please see sections K+L.

J Annual Direct Debit payment option (Single annual payment of full amount)

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 Full name and postal address of Bank/Building Society - including postcode:

Postcode (required):									

J2 Name of the account holder

J3 Bank/Building society account number:

Bank/Building society sort code:

Originator's identification number: **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

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 Monthly Direct Debit payment option

Monthly Direct Debit instalments (no immediate payment is required).

Have you more than three CCJs against you incurred within the last two years that have not been satisfied?

Y Please choose an alternative payment option N We will contact you once your application has been processed to set this up

Please note that if you choose to pay by monthly Direct Debit instalments, there may be a small credit charge. Details will be provided to you prior to any monies being taken. Payments will be taken over 10 months.

Please do not complete the annual Direct Debit mandate as this only applies to single annual payment of the full amount

L Alternative payment options

Debit/credit cards. Single annual payment of full amount Cheque. Please enclose a cheque made payable to 'MDU Services Ltd'.

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 number (Maestro only) Start date

Declaration and agreement

I hereby apply for 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

- 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 MDU are discretionary and are subject to its 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 MDU Services Limited (MDUSL) 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 MDUSL 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 MDU 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 MDU 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 MDU 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 underwritten by SCOR and Inter-Hannover 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 MDU website at the-mdu.com/privacy sets out:

- that the MDU/DDU, 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 MDU/DDU and MDUSL can send to you, including marketing communications.

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

Marketing communications

The MDU 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 MDU website at the-mdu.com. You may also write to the membership department at 230 Blackfriars Road, London, SE1 8PJ or email membership@the-mdu.com

I do NOT wish to receive:

- the MDU Journal or similar publications
- email communications, including medico-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 auditors' 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 MDUSL 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 MDU does not have my email address, I will receive notification by post instead of electronically;
- notify MDUSL of changes in my email address.

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