



# MDU application for membership and proposal for professional indemnity insurance

## General Practitioners and GPSTs

Please detach this form from the 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 6 and sign the statement at the bottom of this page. Incomplete or unsigned forms cannot be processed and will be returned.

### A Personal details

Former MDU number (if applicable)

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

Former or maiden name \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Title \_\_\_\_\_ Gender  Male  Female

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

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

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

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

### B Other details

Registration number

Registration body eg GMC \_\_\_\_\_

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

### C Academic details

Country of qualification	Name of training establishment	Date of qualification	Qualifications obtained
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

### 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 here

I confirm that the information provided within this form is complete and an accurate representation of my practice. I have read and understood the declaration and agreement on page 6 of this application.

I authorise and request my former medical 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 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 and Inter-Hannover.

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

#### OFFICE USE ONLY

Scheme \_\_\_\_\_  
Start Date \_\_\_\_\_  
Form Check \_\_\_\_\_  
Indemnity Check \_\_\_\_\_

**F Professional details** Please complete the section which reflects your role and then move on to section G

**F1 General Practitioner**

**Principal** Full time  Three-quarter time  Half time  Less than half time  Job share (half time)

**Non Principal** Number of sessions per week

**Locum** Number of sessions per week

**Other**

Trust indemnified

Academic GP Number of sessions per week

Doctors retainer scheme Number of sessions per week

GP flexible career scheme Number of sessions per week

Other GP schemes Number of sessions per week  Give details of scheme \_\_\_\_\_

**F2 GPST**

In NHS hospital only  Start date \_\_\_\_/\_\_\_\_/\_\_\_\_ End date \_\_\_\_/\_\_\_\_/\_\_\_\_

In general practice  Start date \_\_\_\_/\_\_\_\_/\_\_\_\_ End date \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you? GPST 1  GPST 2  GPST 3

Full time  Part time 50%  60%  70%  80%

**G General questions**

**Please answer all questions**

- G1** Are you aware of any complaints or claims, irrespective of their merits or seriousness, 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, irrespective of their seriousness, 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 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 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 medical defence organisation declined to offer you membership or refused to renew your membership or terminated your membership? N  Y
- G12** 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
- G13** Have you ever been bankrupt or subject to insolvency proceedings, or entered into or proposed any voluntary arrangement with creditors? N  Y

**G14** If you answered 'yes' to questions G4-G13 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 medical 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 medical defence organisation or indemnity provider has declined to assist or indemnify you, wholly or partly, as a consequence of the decision.

(Please continue on a separate sheet of paper if necessary. Please do not send any **original** documents with this application).

**G15** Are there any other facts or circumstances that may be material to our considering your application? N  Y

Please provide details below

**G16** Do you perform e-consultations? N  Y

**G17** Do you prescribe alternative or complementary medicines or carry out alternative or complementary procedures? N  Y

**G18** Do you carry out cosmetic procedures (any procedures whose primary aim is to improve cosmetic appearance)? N  Y

If 'yes' please indicate:	Which procedures	Number of hours and income per month
Botulinum toxin	<input type="checkbox"/>	_____
Collagen fillers (Restylane)	<input type="checkbox"/>	_____
Facial peels	<input type="checkbox"/>	_____
Hair removal (laser)	<input type="checkbox"/>	_____
Hair transplant	<input type="checkbox"/>	_____
Liposuction	<input type="checkbox"/>	_____
Tattoo removal	<input type="checkbox"/>	_____
Thread veins	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	_____

**G19** Do you carry out any procedures involving lasers? N  Y

If 'yes', and different from the answers given in G18 please specify \_\_\_\_\_

**G20** Do you have any non-indemnified\* clinical work (other than your GP work) for which you require MDU cover? or do you do anything which is not classified as normal for your specialty, and about which you have not already told us? N  Y

\***Non indemnified income** is defined as your annual pre-tax earnings from any medical work undertaken where no other form of indemnity is in place eg NHS indemnity.

Please give full details including hours and income per month

## **H** Questions specific to practice

GPs please answer **all** of the questions in this section. GPSTs only answer questions H4 to H11.

**H1** What is the list size of the Practice in which you work? \_\_\_\_\_

**H2** How many FTE (Full Time Equivalent) GPs are there in your practice? \_\_\_\_\_

**H3** How many partners are there in your practice? \_\_\_\_\_

**H4** Do you undertake non-indemnified work outside your normal GP practice? N  Y

If 'yes' please indicate:	Types of work	Number of sessions per month
Company doctor	<input type="checkbox"/>	_____
Cosmetic surgery	<input type="checkbox"/>	_____
General anaesthesia	<input type="checkbox"/>	_____
Slimming Clinics	<input type="checkbox"/>	_____
Termination Clinic	<input type="checkbox"/>	_____
Other – please specify	_____	_____

**H5** Do you perform procedures not on the minor surgery list?

N  Y

If 'yes' please indicate:	Which procedures	Number performed per month
Caudal epidural	<input type="checkbox"/>	_____
Endoscopy	<input type="checkbox"/>	_____
Eye surgery	<input type="checkbox"/>	_____
Orthopaedic procedures	<input type="checkbox"/>	_____
Religious circumcision	<input type="checkbox"/>	_____
Vasectomy	<input type="checkbox"/>	_____

Other - If 'yes', please specify \_\_\_\_\_

**H6** Do you provide intrapartum care which is not indemnified by the NHS?

N  Y

If 'yes' please specify number of deliveries per year \_\_\_\_\_

**H7** Are you active as a GP specialist?

N  Y

If 'yes' please indicate:	Which areas you specialise in	Number of hours and income per month*
Cancer/ palliative care	<input type="checkbox"/>	_____
Cardiology incl. echocardiography	<input type="checkbox"/>	_____
Care of the elderly	<input type="checkbox"/>	_____
Child health	<input type="checkbox"/>	_____
Dermatology	<input type="checkbox"/>	_____
Diabetology	<input type="checkbox"/>	_____
Emergency care	<input type="checkbox"/>	_____
Endoscopy	<input type="checkbox"/>	_____
ENT	<input type="checkbox"/>	_____
Gynaecology	<input type="checkbox"/>	_____
Homeless/ Asylum seeker care	<input type="checkbox"/>	_____
Mental health/ Substance misuse	<input type="checkbox"/>	_____
Musculoskeletal medicine	<input type="checkbox"/>	_____
Ophthalmology	<input type="checkbox"/>	_____
Rehabilitation medicine	<input type="checkbox"/>	_____
Rheumatology	<input type="checkbox"/>	_____
Ultrasound	<input type="checkbox"/>	_____

Other - If 'yes', please specify type and number of sessions per month \_\_\_\_\_

**H8** Are you an appointed sports club doctor?

N  Y

If 'yes' please give club name and indicate number of hours and income per month \_\_\_\_\_

**H9** Do you attend sporting events in a professional capacity more than 3 times per annum?

N  Y

If 'yes' please indicate:	Sporting Events	Number attended per year
Soccer	<input type="checkbox"/>	_____
Boxing	<input type="checkbox"/>	_____
Horse-riding	<input type="checkbox"/>	_____
Rugby	<input type="checkbox"/>	_____

Other – please specify \_\_\_\_\_

**H10** Do you undertake out of hours work?

N  Y

If so, how many sessions per month \_\_\_\_\_

**H11** Do you undertake any work as a Prison Medical Officer?

N  Y

If yes, if a session is 4 hours, how many sessions per month \_\_\_\_\_

**I Why have you chosen to apply for MDU membership?**

Please tick all that apply:

- Security of insurance
- Reputation of the MDU as established UK market leader
- Personal recommendation
- Group Scheme
- Subscription rates
- Dissatisfaction with previous defence organisation

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

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

## J 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-mdu.com** and click on 'Apply now', or call the **freephone membership helpline** on **0800 716 376** (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 716 376** (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**

## K Annual direct debit payment option



### 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

**K1** To: The Manager

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

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

**K2** Name of account holder \_\_\_\_\_

**K3** Bank/Building Society account no

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

**K4** 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 take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, MDU Services Limited will notify you 5 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by MDU Services Limited, or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a direct debit at any time by writing to your Bank or Building Society. Please also send a copy of the letter to us.

## **L** 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 Ltd'.

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 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;
- 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 understand that 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. A material fact is one likely to influence acceptance or assessment of this proposal for professional indemnity insurance by SCOR and Inter-Hannover. If you are in any doubt as to whether a fact is material or not you must disclose it;
- I have read and understood the contents of this application and the information which accompanies it, including the application guide;
- I accept the professional indemnity insurance subject to the terms and conditions of the policy.

## Data protection

I consent to MDUSL, the MDU, SCOR and Inter-Hannover and any of its insurers and reinsurers or any other insurers or reinsurers with whom I have a policy or through whom my policy is reinsured (Permitted Users) holding and using and otherwise processing the information I provide, or which is otherwise provided about me, including sensitive personal data (Data) for the administration of, or any other purpose associated with or which flows from, my membership of the MDU, the insurance policy issued by SCOR and Inter-Hannover and any insurance or other claims, risk management and assessment in respect of my membership or otherwise,

advisory purposes and related purposes including without limitation research, marketing and statistical, analysis (Permitted Purpose). I consent to each of the Permitted Users disclosing the Data to each other, legal advisers, regulatory bodies, the Compensation Recovery Unit and to other medical defence organisations as part of their advisory and claims handling process or in the process of matters relating to my membership of the MDU as well as to third party providers including for credit reference purposes. I acknowledge that some of this Data may be transferred outside the European Economic Area for administrative purposes.

I consent to MDUSL using my Data for marketing purposes and to sending other materials that it thinks may be of interest to me. I understand that at any time in the future I can ask not to receive direct marketing or such other materials, including the MDU Journal and MDU publications, information about new products and services from MDUSL by writing to the MDU marketing department at 230 Blackfriars Road, London SE1 8PJ or by ticking here

I also understand that if I object to any of the processing undertaken I can write to the MDU membership department at the above address notifying them of such objection and such processing will, where possible, be discontinued or limited as necessary where full processing cannot be discontinued because of the nature of the Permitted Purposes. I acknowledge that the Data may be held by the Permitted Users for the duration of my membership or such other period as the MDU and/or MDUSL may require for the Permitted Purposes. I acknowledge that I have the right to apply for a copy of my Data in accordance with the provisions of the Data Protection Act 1998 (as amended from time to time) (for which MDU Services Limited may make a small charge) and have any inaccuracies corrected where I have given specific details of such inaccuracies and have provided sufficient evidence to the satisfaction of the MDUSL that such matters are, indeed, inaccurate. Where such evidence is in the opinion of MDUSL insufficient, MDUSL agrees to place a note on my file noting my objections. MDUSL reserves the right to use Data relating to complaints and claims in an anonymised format for risk management purposes. The data controller for my Data is the MDU and MDUSL is the nominated representative of the MDU under the Data Protection Act 1998. Telephone calls to MDUSL may be recorded for training, monitoring and other purposes as MDUSL may require from time to time. The MDU, MDUSL, SCOR and Inter-Hannover will take return of this form as an indication that I consent to all the above uses of my Data.

### I agree to:

- having access to the MDU's Annual Accounts, Directors Report and Auditors Report 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;
- being notified by electronic mail of the publication or availability of these documents or notice on the MDU website, the address of the site and the place on it where these documents may be accessed;
- notify MDUSL of my email address (see elsewhere on this form). 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 If you wish to receive statutory communications by post instead of electronically, please tick here