

Application form

Hospital Doctors

including training grades and SAS doctors

Please print your answers clearly, using a black or blue pen.
Please complete all sections of this form, read the declaration and agreement on page 14 and sign the statement at the bottom of page 4. Incomplete or unsigned forms cannot be processed and will be returned.

If you require any help completing this form please contact us.

Call our freephone membership helpline:

 $0800\ 716\ 376\ \mathsf{Lines}\ \mathsf{are}\ \mathsf{open}\ \mathsf{8am}\ \mathsf{to}\ \mathsf{6pm}, \mathsf{Mon-Fri}\ \mathsf{(except}\ \mathsf{bank}\ \mathsf{holidays)}.$

or

Visit our website

themdu.com for details of your local MDU hospital liaison manager.

Before returning this form to us check you have:

- completed each relevant section
- completed your payment choice
- signed the statement on page 4

Return the completed form to:

FREEPOST MDU SERVICES LIMITED (no further address details required) or email to membership@themdu.com

Other application forms available from our website themdu.com are:

General Practitioners and GPSTs Consultants and Specialists Nurses, Practice Managers and Other Healthcare Professionals

Hospital Doctors including training grades and SAS doctors Personal details Please write in CAPITALS Date of birth Former MDU number (if applicable) Title Surname Forenames Previous surname (if applicable) Gender Home address Postcode: Correspondence will be sent to this address unless indicated in F5 Preferred email (Please tick home or work) \mathbb{W} Secondary email (Please tick home or work) \mathbb{W} (Please tick home or work) W Contact number(s) Mobile Alternative Academic details Please write in CAPITALS Country of qualification Name of training establishment Date of qualification Qualifications obtained Previous professional indemnity history (since qualification) Please write in CAPITALS Please complete all sections of the table below to confirm full details of all your indemnity/insurance providers since qualification. All dates should be accounted for, including periods when you were not working (e.g. parental leave) or had indemnity provided by your employer (e.g. indemnity from NHS bodies) or indemnity was not required in the country you were working in. Start date Indemnifier name (and address if not UK) or reason for gap End date Registration no / Membership no You may wish to contact your previous indemnity provider(s) directly to request a letter of good standing; this will help with the application process. Other details Please write in CAPITALS GMC registration number Do you have 'registration with a licence to practise' or 'registration only'? Are you on the Specialist Register of the GMC? If so, please advise which specialty/specialties Please complete the form and sign below I confirm that the information provided within this form is complete and an accurate representation Office use only 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 14. 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. Signature Date

E General questions

Please tick relevant answer

Please read questions
E1 to E11 carefully. Any
misrepresentation or
omission of information
may lead to the rejection
of your application,
subsequent termination of
membership or withdrawal
or denial of benefits.

If you answer 'yes' to any question, please provide details on page 6 including:

- Question number
- Relevant dates of incident(s), hearing(s) etc.
- The nature of the matter in question
- The status of the matter? Potential issue/ongoing matter/concluded
- If concluded, please advise how was the matter was resolved
- Whether you were assisted by an insurer, medical defence organisation or other body

We may telephone you during the processing of your application.

	ii iii doubt, tick yes	we may telephone you during the p	rocessing or your application.		
E1	Have you, in the last 10 years, had an their merits or seriousness?	complaints or claims brought or threatened	against you, irrespective of	N	Υ
E2		about your conduct, clinical practice or perform robity by an employer, medical school, NHS to mmission or a private hospital)		N	Υ
E3		investigation or action under a disciplinary prive of the merits or seriousness of the matter		N	Υ
E4	Have you ever been suspended or dis withdrawn, suspended or made subje	missed from a post or had practice privileges at to restrictions or conditions?	or admitting rights	N	Υ
E 5	(e.g. GMC/GDC - case examiner sta	investigation or an adverse finding by a regis ge onwards, including any student Fitness to l al Assessment Service or a Royal College)		N	Υ
E6		ertakings or restrictions imposed on your regi erased from registration, or had a licence to poody?		N	Υ
E7	could lead to an investigation, compla	umstances involving you, irrespective of their nt, claim, disciplinary action, legal dispute, sus on your registration or licence to practise, or to practise, by a registration body?	spension from practice,	N	Υ
E8	(Including any motoring offence even for speeding offences or parking ticke	convicted of, a criminal offence, or received a if you were fined but not imprisoned but exclutes. You should not disclose any cautions or cont to the Rehabilitation of Offenders Act 1974	uding fixed penalty notices ponvictions which are	N	Υ
E9		r or medical defence organisation ever declin u, cancelled or refused to renew your policy on?		N	Υ
E10	Have you ever been bankrupt or subjections arrangement with creditors?	ect to insolvency proceedings, or entered into	or proposed any voluntary	N	Υ
E11	Are there are any other facts or circular so, please provide details	nstances that may be relevant to our consider	ring your application?	N	Υ

Addition	nal information for section E		
Question			
number			

Hospital Doctors including training grades and SAS doctors

Please continue on a separate sheet if necessary.

F	Work circumstances
F1	Main Job
	Where is your main job?
	In an NHS Hospital Please go to question F1A
	Elsewhere Please go to question F2
F1A	Doctors working in NHS Hospitals
	Which hospital will you be working in?
	What specialty will you be working in?
	How many hours per week are you contracted to work?
	Will you be working as a:
	Foundation Training Doctor Please go to question F1b, then go to question F3
	Training Grade Doctor Please go to question F1c, then go to question F3
	Hospital doctor Please go to question F1d, then go to question F3
F1B	Which grade will you be on the date your MDU membership starts?
	F1 F2 (Please tick which option is most appropriate to you)
	What date do you expect to commence your next year of training?
	Is this a Deanery Approved Foundation Training Position?
	What is the name of your Local Education and Training Board / Deanery?
F1C	Which grade will you be on the date your MDU membership starts?
	ST/CT1 ST/CT2 ST/CT3 ST4 ST5 ST6 ST7 ST8
	Is this a formal ST position?
F1D	What is your job title?

Deplete medical activities AUTO	nued)	
Doctors working outside NHS	Hospitals	
What is your job title?		
What specialty will you be working in?		
How many hours per week are you cor		
Does your employer provide you with in	•	nnity from NHS bodies)
If 'yes', please provide further details at	out this indentity.	
If 'no', what will your gross and net* ann	nual income be from this w	ork in your first year of MDU membership?
Gross annual inc	ome	Net* annual income
		Telephone supervision
If 'yes', what level of supervision?	g. Consultant, GP etc.) N Y ne room with you at all time	
If 'yes', what level of supervision? Direct supervision Onsite What is the grade of the supervisor? (e.g. Do you undertake surgery procedures? If 'yes', will a consultant be present in the list this role in?	g. Consultant, GP etc.) N Y ne room with you at all time	s? N Y
If 'yes', what level of supervision? Direct supervision Onsite What is the grade of the supervisor? (e.g. Do you undertake surgery procedures? If 'yes', will a consultant be present in the list this role in?	g. Consultant, GP etc.) N Y ne room with you at all time If 'yes' please provide add	s? N Y dress and tick if this is your preferred address for corresponde
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	Do you undertake any work in the Republic of Ireland or in f 'yes', do you require access to indemnity from the MDU? Do you have any arrangement (contractual or not) with a classification or women? If 'yes', do you require access to indemnity from the MDU? Club/Organisation name Please see page 8 for the definition of net income. If 'yes', is there any supervision in place? If 'yes', what level of supervision? Oirect supervision Onsite supervision What is the grade of the supervisor? (e.g. Consultant, GP etc.) Do you undertake online advice / prescribing or e-consultant f 'no' please go to question F4D How many hours per week do you spend undertaking this Do you provide patient specific advice? Do you provide general health advice?	N Y If 'yes', lub/organisation to	please call the membership team assess and/or treat profe please provide the club or orga er year and your income from the Gross annual income	essional N Y
F4B	Do you have any arrangement (contractual or not) with a comportsmen or women? If 'yes', do you require access to indemnity from the MDU? Club/Organisation name Please see page 8 for the definition of net income. If 'yes', is there any supervision in place? If 'yes', what level of supervision? Oirect supervision Onsite supervision What is the grade of the supervisor? (e.g. Consultant, GP etc.) Do you undertake online advice / prescribing or e-consultant in the properties of the consultant in the properties of the properties of the consultant in the properties of the propert	Days per year N Y Telephone s c.)	p assess and/or treat profer, please provide the club or organier year and your income from the Gross annual income upervision	essional N Y unisation name, the number of his (gross* and net*)
s	club/Organisation name Club/Organisation name Please see page 8 for the definition of net income. If 'yes', is there any supervision in place? If 'yes', what level of supervision? Oirect supervision Onsite supervision What is the grade of the supervisor? (e.g. Consultant, GP etc.) Oo you undertake online advice / prescribing or e-consultant in oir please go to question F4D How many hours per week do you spend undertaking this Do you provide patient specific advice?	N Y If 'yes' days p Days per year N Y Telephone s c.)	please provide the club or orgaler year and your income from the Gross annual income upervision N Y	inisation name, the number of iis (gross* and net*)
**I If If V F4C	Club/Organisation name Please see page 8 for the definition of net income. f 'yes', is there any supervision in place? f 'yes', what level of supervision? Oirect supervision Onsite supervision What is the grade of the supervisor? (e.g. Consultant, GP etc.) Oo you undertake online advice / prescribing or e-consultate of 'no' please go to question F4D How many hours per week do you spend undertaking this Do you provide patient specific advice?	Days per year N Y Telephone s	Gross annual income upervision	nis (gross* and net*)
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F4C	What is the grade of the supervisor? (e.g. Consultant, GP etc.) Do you undertake online advice / prescribing or e-consultar f 'no' please go to question F4D How many hours per week do you spend undertaking this Do you provide patient specific advice?	ations?	N Y	
F4C	What is the grade of the supervisor? (e.g. Consultant, GP etc.) Do you undertake online advice / prescribing or e-consultar f 'no' please go to question F4D How many hours per week do you spend undertaking this Do you provide patient specific advice?	ations?		
	f 'no' please go to question F4D How many hours per week do you spend undertaking this Do you provide patient specific advice?			
	f 'no' please go to question F4D How many hours per week do you spend undertaking this Do you provide patient specific advice?		N Y	
F	How many hours per week do you spend undertaking this Do you provide patient specific advice?	s work?	N Y	
C C F	Do you provide patient specific advice?		NY	
C F				
F			NY	
	Do you prescribe?		NY	
٧	For which company do you provide the service?			
	Will an assessment of the patient be undertaken either in p	person or verbally?	NY	
V	Will you be providing advice / prescribing to patients outside	•	NY	
l 1	f 'yes' which country?			
A	Are the patients on your individual list / listed at the practic	ce?	NY	
l 1	f 'no', are patients required to opt-in or opt-out of commun	ication with their o	wn GP?	
I 1	f 'no' what arrangements are in place for communication wi	th patient's own GF	9?	
		·		
(Company website address			
F4D D	Oo you prescribe alternative or complementary medicines	or carry out alterna	tive or complementary pro	ocedures?
If	f 'yes', do you require access to indemnity from the MDU?			NY
If	f 'yes', please list the procedures and indicate your hours per	week and income fr	rom each (gross and net*)	
	Procedure	Hours per week	Gross annual income	Net* annual income

	Hospital Doctors including training	ng grades and SAS	doctors						
F \	Work circumstances (co	ntinued)							
F4E	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)								
	If 'yes', do you require access to in-	demnity from the MDL	J? N Y						
	If 'yes', do you do any of the follow	ing:							
	Botulinum toxin	FDA approved temp (including Collagen)		ers	IPL				
	Microdermabrasion	Superficial facial pe	els (not using TC	:A)	Thread vein	n work			
	If 'yes', please give your annual gro	oss and net* income from	om this group of	procedures:					
	Gross annual incon	ne		Net'	* annual income	2			
	*Please see page 8 for the defin	nition of not income							
	Do you carry out any other cosme	tic procedures?	N Y	If 'yes', pleas	e provide detail	s below:			
	Proce	edure		Gross an	inual income	Net* annual income			
F4F	Do you do any other work, that you which you require access to indem		us about, which is	not indemnifie	d by your emplo	oyer and for NY			
	Examples include: Repatriation, as non-clinical work.	sisting a consultant or	n a private case, v	roluntary work, p	oreparing insura	ance reports,			
	If 'yes', please give full details for e in hours, level of supervision (direc earned from this work. Please con	t, on-site, telephone o	r unsupervised), g	grade of supervi	isor, gross and i	net* annual income			
	Type of work	Quantity	Supervision	Grade	Gross annu income	Net* annual income			

	F	Work circumstances	(continued)
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F5 Work location(s)

Please provide details of the location of work for any work described on this form, and where you have not already provided the location of the work.

A single leastion	NY	If 'yes' please provide address and tick if this is your preferred address for corresponder
A single location	1 1	if yes please provide address and tick if this is your preferred address for corresponder
		Postcode:
Multiple locations	NY	If you work in multiple locations, we may telephone you during the processing of your application form to discuss your work further.
Role:		
A single location	NY	If 'yes' please provide address and tick if this is your preferred address for correspondent
		Postcode:
Multiple locations	NY	If you work in multiple locations, we may telephone you during the processing of your application form to discuss your work further.
Role:		
A single location	NY	If 'yes' please provide address and tick if this is your preferred address for correspondent
		Postcode:
Multiple locations	NY	If you work in multiple locations, we may telephone you during the processing of your application form to discuss your work further.
Other informatio	n	
Are there any other fa	cts or circumstanc	tes that may be relevant to our considering your application?
Please provide details be	Janua	

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H Why have you chosen to apply for MDU membership? Please tick all that apply
Reputation of the MDU as established UK market leader Subscription rates
Dissatisfaction with previous indemnity provider Personal recommendation
Other
(please give details in space provided)
Services - text alerts
We can send important text alerts to your mobile phone provided you have given us your mobile number on page 4. Please indicate below if you would like to opt in to text alerts. You can stop text alerts at any time in the 'My membership' section of our website.
Notification regarding your MDU renewal
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. This does not constitute acceptance of your membership, however, we will notify you if and when this is successful. Should you require your prospective membership to commence from today, please complete the 'Get a quote' form at themdu.com/quote , or call the freephone membership helpline on 0800 716 376 . Lines are open Mon to Fri, 8am to 6pm (except bank holidays).
Date membership to commence: Immediately: Future date: D D M M Y Y
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.
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 you can pay by Direct Debit. We can debit the full amount from your account each year (see section K). You only need to fill in the relevant mandate once and it will continue from year to year. You are protected by the Direct Debit safeguards and can cancel your authority at any time by contacting your bank or building society.
Payment options: Annual Direct Debit (single annual payment of full amount) - Please complete section K Monthly Payment Option - Please complete section L Alternative Options - Please complete section M

K Annual Direct Debit payment option

Please do not complete the annual Direct Debit mandate for a monthly payment option, as this only applies to single annual payment of the full amount.

Annual Direct Debit mandate. Instructions to your bank/building society to pay by Direct Debit:

Please complete parts K1-K4 to make payments directly from your account

			Postcode (required):	
Name of the account holde	-			
Bank/building society account number:			Bank/building society sort code:	
Originator's identification nu	nber: 991121			
Your instruction to the ban		signature:		
 The amounts are variable 	e and may be debited Services Limited may	l on various dates change the amour	est of MDU Services Limited Into and dates only after giving me prior notice el this instruction	

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.

,	
Monthly payments option	
(Credit agreement provided by Premium Credit Limited)	
Monthly instalments (no immediate payment is required).	
Have you incurred more than three CCJs against you within the last	st 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 instalments, Prepayment details before payments are taken. They will apply a sma	, ,

M	Alternative payment options						
	Cheque. Please enclose a cheque made payable to 'MDU Services Ltd'.						
	Debit/credit cards . Single annual payment of full amount. We will contact you for payment once your application has been processed. Please ensure you have provided your telephone number in section A.						

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.

I understand and acknowledge that

- MDU Services Limited (MDUSL) is the service company for the MDU and any notices or information which I am required to give to the MDU should be sent to MDUSL;
- 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.

I declare that to the best of my knowledge and belief the information provided in connection with this application, whether in my own hand or not, is true and I have not withheld any material facts.

Third party reimbursements

I understand and acknowledge that, should a third party pay my membership subscription on my behalf, any reimbursement of that subscription will be returned to that third party unless I notify you in writing to the contrary.

Third party authorisation					
Please tick if you authorise a third party to:					
discuss only					
discuss and amend					
your membership after membership has been confirmed.					
Please provide the third party's					
First name					
Surname					
Please provide a password that the person named above will need to give when discussing or amending your membership on your					
behalf					

Data protection

Note: The MDU/DDU's privacy policy, which can be found on the MDU website at themdu.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 3 of this application is your consent to the way in which your personal data may be used.

Communications

We will send you materials we think 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 themdu.com You may also write to the membership team at One Canada Square, London E14 5GS or email membership@themdu.com

I do NOT wish to receive:

marketing communications about similar products and services.
email marketing communications. This does not include medico-legal updates and information about managing your membership.

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 themdu.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 themdu.com/agm

As a not for profit, mutual membership organisation we have to send you statutory communications. If you DO NOT wish to receive statutory communications electronically, tick here $\$ and it will be sent to you by post.

How to contact us

Membership

- t 0800 716 376
- e membership@themdu.com

Medico-legal team

- t 0800 716 646
- e advisory@themdu.com

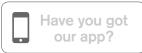
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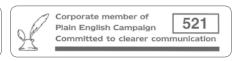
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