



GROUP SCHEME TRANSFER

corporateenquiry@dentalprotection.org | dentalprotection.org

Please complete all parts of this form in **BLOCK CAPITALS**, sign and return to: Member Operations, Medical Protection, Victoria House, 2 Victoria Place, Leeds LS11 5AE, UK.

If your application for group membership of MPS is approved, it will be dated from the day following receipt of your application unless you specify a later transfer date in the area provided:

D	D	M	M	Y	Y	Y	Y
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Section A – Personal details

Company name _____

Title _____

First name(s) _____

Surname _____

Previous name if any _____

Date of birth (DD/MM/YYYY) _____

Gender Male Female

GDC registration number _____

MPS membership number (if known) _____

Address in the UK for correspondence _____

Postcode _____

Email address (Please see declaration on page 2) _____

Daytime telephone _____

Evening telephone _____

Mobile telephone _____

Section B – About you

1. a) (Dentists and Oral and Maxillofacial Surgeons ONLY). Please indicate the work you undertake for the company named above.

General and/or Specialist Practice

Cosmetic and/or Oral (dento-alveolar) Surgical Procedures

Implant Dentistry

Oral and Maxillofacial Surgery

Limited Clinical Activity

Non-Clinical Practice

Please indicate below your current position within your area of practice eg. SHO, Senior Dental Officer etc:

Specialty: _____

Are you on the specialist register(s)? Yes No

If yes, please indicate which specialist register(s):
(Please list all which apply)

1. b) (Dental Care Professionals ONLY). Please indicate which of the following describes your current status/position for the company named above. (Please tick one only)

Hygienist

Therapist

Orthodontic Therapist

Dental Nurse

Dental Technician

Clinical Dental Technician

First year qualified

2. If not currently covered by MPS for work outside of the group scheme (ie not indemnified by your employer or NHS), would you like us to provide you with a quotation for indemnity for your additional work?

Yes No

IMPORTANT! – Your Personal Information and Data

When interacting with MPS, you may choose to give MPS information about your criminal convictions and offences (including alleged offences), your health, race, ethnic origin, sex life, sexual orientation and trade union membership (“Special Category Data”). This happens where that information is relevant to your membership or the actual or potential provision of advice, assistance or indemnity. We may also receive Special Category Data about you from others in connection with membership or advice, assistance or indemnity (e.g. from a complainant, claimant, witness, expert, court or regulator).

To find out more about how we collect, use and handle your data including Special Category Data, please see the Privacy Statement on our website medicalprotection.org.

When you tick the box below, you expressly consent to MPS processing your Special Category Data for the purposes of providing you with membership and its benefits (including assistance and indemnity).

I consent

You may withdraw consent to such processing by contacting MPS, but if you do so we will no longer be able to provide you with membership and its benefits.

IMPORTANT! – Please read, sign and add the current date below.

By signing and returning this form, you agree and confirm that:

- Your membership is to be included in your Group Scheme provision.
- The benefits of membership will be made available only in respect of professional work associated with your Group Scheme provision.
- MPS and your Group Scheme provider will share information in respect of your membership (eg, income, membership subscription).
- You will inform us if your personal circumstances, scope of practice or other details (including in relation to income and number of sessions worked) change.
- You confirm that the information you have provided is correct to the best of your knowledge and belief and that you have read the notes and information detailed within this Group Scheme Transfer form.
- You understand that any failure to disclose full and accurate details could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership.
- We may seek information from other professional defence organisations, insurance companies, employers, and/or other third parties in respect of membership and that they may release to us such information

Date **Please note must be current date**

- If you are submitting additional sheets or correspondence, please tick here
- Please check that you have completed a payment instruction form telling us how you would like to pay for your subscription and please tick here to confirm that the form is enclosed
- In order to provide you with the best possible service we would like to inform you of other products and services offered by us that we believe may be of interest to you. To opt-in to receive such information, either via post or email, please tick here

You can update your marketing preferences by contacting us.

Please remember to inform us promptly of any change to your personal circumstances or scope of practice.

Please note that failure by registered dental professionals to hold adequate and appropriate insurance or indemnity in respect of their professional practice could result in GDC sanctions and, ultimately, the loss of their registration. It is vital that registered dental professionals provide Dental Protection with accurate and up to date information about the scope and nature of their practice, and review their membership at regular intervals.

Dental Protection

Member Operations
Victoria House
2 Victoria Place
Leeds, LS11 5AE
United Kingdom.

UK 0800 561 9000

(Mon – Fri: 8.00am – 6.30pm)

Calls to Member Services may be recorded for training and monitoring purposes.

applications@dentalprotection.org

dentalprotection.org

OFFICE USE ONLY

Date received (DD/MM/YYYY)

Approved by

Date approved (DD/MM/YYYY)

Processed

Start date (DD/MM/YYYY)

Group code

Group scheme

Group level

Group member grade

Additional work cover account

Membership no.

Notes