



0800 561 9000 (Mon – Fri: 8.00am – 6.30pm) | [member.help@dentalprotection.org](mailto:member.help@dentalprotection.org) | [dentalprotection.org](http://dentalprotection.org)

Please complete all parts of this form in **BLACK INK** and **BLOCK CAPITALS** and return to: **Member Operations, Dental Protection, Victoria House, 2 Victoria Place, Leeds LS11 5AE**. If you require further assistance please contact Member Services on 0800 561 9000.

Your admission into the Dental Protection Xtra programme is subject to approval. If you are not a dental member of MPS and would like to apply, please also complete an application form which can be found at [dentalprotection.org](http://dentalprotection.org) or request one from Member Services.

## Section A – Practice details

Practice name	
Name of practice principal(s)	
Membership number(s)	
Address for correspondence	
	Postcode
Email address	
Daytime telephone	
Evening telephone	

## Section B – Staff details

Details of staff	No. of staff
Dental hygienists/Therapists/Orthodontic therapists	
Dental nurses	
Dental technicians	
Clinical dental technicians	

Does your practice have a dedicated Practice Manager?	
<input type="checkbox"/> Yes (If yes please provide details)	<input type="checkbox"/> No
Practice Manager	
Practice Manager email address	

Details of all dentist staff within the practice	
Full name of dentist	No. of hours worked in Dental Protection Xtra practice per week
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Once Dental Protection Xtra membership is set up, current MPS dental members will have access to all the Dental Protection Xtra benefits and reduced subscriptions. To receive the reduced subscriptions a Dental Protection Xtra programme number will be sent once Dental Protection Xtra membership has been approved. MPS dental members then only need to contact Member Services on **0800 561 9000** to activate their benefits and be part of the Dental Protection Xtra programme. Please note that membership of the Dental Protection Xtra practice programme does not replace the need for individual membership with MPS.

## 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 [dentalprotection.org](http://dentalprotection.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:

- You wish to apply for membership of MPS subject to the Memorandum and Articles of Association
- You understand that any failure to disclose full and accurate details may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership
- You understand that membership is not conferred automatically and is subject to approval by MPS
- You acknowledge that any subscription payments made are subject to verification and that acceptance of a payment by MPS does not of itself confirm membership and/or entitlement to request benefits
- 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
- 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
- You have read the appropriate information for applicants guidance sheet

Date 

D	D
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M	M
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Y	Y	Y	Y
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**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.**

## OFFICE USE ONLY

Date received: \_\_\_\_\_ Date approved: \_\_\_\_\_ Dental Protection Xtra number: \_\_\_\_\_ No. of dentists: \_\_\_\_\_

## How did you hear about Dental Protection Xtra?

- |   |  |
|---|--|
| <input type="checkbox"/> Conference/seminar/lecture                           | <input type="checkbox"/> Post          |
| <input type="checkbox"/> Dental Protection website                            | <input type="checkbox"/> Email         |
| <input type="checkbox"/> Online advert  | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Other (please provide details in the space provided) |  |

## Section C – Payment details

**Important – Payment or Direct Debit instructions.**

I wish to pay my Dental Protection Xtra subscription in accordance with the following instructions (please tick **ONE** of the following options as appropriate):

My Dental Protection Xtra subscription amount is:

- ☐ Direct Debit (annual) – Please complete the instruction form below
- ☐ Direct Debit (monthly instalments – at no extra cost) – Please complete the instruction form below
- ☐ Cheque (in full) – Crossed and made payable to: Medical Protection Society (No Instalments)
- ☐ Payment by debit/credit card in full (Delta/Visa/Maestro/Mastercard only, MPS does not accept American Express). You will be sent an invoice once your application for Dental Protection Xtra membership of MPS has been approved.

Signature:

Date: DDMMYYYY (Please note must be current date)

**IMPORTANT!****Information about Direct Debit payments**

If you choose to pay by Direct Debit in instalments, your MPS membership subscription payments will become due and payable on each of the Direct Debit payment dates as notified to you by MPS. The first subscription payment covers your MPS membership between the membership start date and the date of that subscription payment. Each following subscription payment covers your MPS membership between the date of that subscription payment and the previous subscription payment which became due and payable, and if it is the final subscription payment in a subscription period (again as notified by MPS to you) it also covers the period from the date of the subscription payment to the expiry of the subscription period.

If you fail to pay all or any part of your subscription for any period of membership we may suspend or terminate your membership and/or allocate any payments received by us in the manner set out in section 7(a) of the MPS Articles of Association. However, we do not consider failed payments as creating a debt to us since MPS membership is discretionary and, accordingly, we will not take legal action against you for your failure to pay. Payments made are subject to verification and acceptance of a payment does not of itself confirm membership and/or entitlement to request benefits.



## Instruction to your bank or building society to pay by Direct Debit



Please fill in the whole form using a ball point pen and send to: Member Operations, Medical Protection Society, Victoria House, 2 Victoria Place, Leeds LS11 5AE, UK. Member Services 0800 561 9000.

Name and full postal address of your bank or building society

To: The Manager	Bank/building society
Address	
Postcode	

Name(s) of account holder(s)

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Bank/building society account number

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Branch sort code

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Service user number

4	3	4	3	1	3
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Reference

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FOR MPS OFFICIAL USE ONLY

This is not part of the instruction to your bank or building society.

Instruction to your bank or building society

Please pay MPS Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with MPS and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date

Banks and building societies may not accept Direct Debit Instructions for some types of account.

## Dental Protection Contact information

Member Operations

Victoria House  
2 Victoria Place  
Leeds LS11 5AE  
United Kingdom

0800 561 9000 (Mon – Fri: 8.00am – 6.30pm)

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

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[dentalprotection.org](https://dentalprotection.org)