## GRADUATE APPLICATION/RENEWAL FORM



**0800 561 9000** (Mon – Fri: 8.00am – 6.30pm) applications@dentalprotection.org | dentalprotection.org

Please complete all relevant sections of the form in **BLOCK CAPITALS** and return your **signed** application to: **Member Operations, Medical Protection Society, Victoria House, 2 Victoria Place, Leeds LS11 5AE.** If you require further assistance please contact Member Operations on 0800 561 9000.

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

IMPORTANT! – Please read the following and sign below
Please note:  Do any of the following apply to you (now or in the past)?  criminal convictions or police cautions  disciplinary or personal conduct issues  Have you ever previously had professional indemnity / insurance  refused, cancelled (including a decline to renew) or made void  offered with non-standard terms or conditions imposed such as an increased subscription?  NO  YES  If you answer yes you will be contacted for further information
Please note – You must sign and return this form with a current date. Any delay in returning this form may invalidate this application.  By signing and returning this form, you agree and confirm that:  (i.) You wish to apply for membership of MPS subject to the Memorandum and Articles of Association
(ii.) 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
(iii.) You understand that membership is not conferred automatically and is subject to approval by MPS
(iv.) 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
(v.) You will inform us if your personal circumstances or scope of practice change
(vi.) We may seek information from your university (including information about your current year of study and the results of your final examinations), other professional defence organisations, insurance companies, employers, and/or other third parties in respect of your membership and that they may release to us such information.
Please check that you have completed the direct debit instruction form overleaf.
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.
Signature: Today's Date: DDD MM M 20 Y
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applications@dentalprotection.org dentalprotection.org

Calls to Member Services may be recorded for training and monitoring purposes  $% \left\{ 1,2,\ldots ,n\right\}$