SPECIALTY TRAINING IN GENERAL PRACTICE



0800 561 9000 (Mon – Fri: 8.00am – 6.30pm) | member.help@medicalprotection.org | medicalprotection.org

Please complete in BLOCK CAPITALS, sign and return to:

Member Operations, Medical Protection Society, Victoria House, 2 Victoria Place, Leeds LS11 5AE, UK. If your application for membership of MPS is approved, it will be dated from the day following receipt of your application unless you specify a later start date in the area provided:

Section A – Personal details	
Title	Address in UK for correspondence
First name	
Surname	
Previous name if any	
Date of birth (DD/MM/YYYY)	
Gender Male Female	
GMC registration number	Postcode
Degrees and diplomas	Email address
	Daytime telephone
Medical school	Evening telephone
Month and year of graduation (MM/YYYY)	Mobile telephone
What percentage of your clinical time is spent in England/Wales	Northen Ireland Scotland
If you are registered to practise in any other Country please state	which:
Will all your professional practice be carried out in the Country in	which you are applying for membership?
Yes No If No, please provide Country and full details (If r	necessary please continue on a separate sheet)
Will you be involved in treating or providing advice to patients outside of t	he Country in which you are applying for membership? (eg telemedicine)
Yes No If Yes, please provide Country and full details (If r	necessary please continue on a separate sheet)

additional information provided

Please read the relevant **Information for applicants** and **Membership guidance** for your application for MPS membership. If you do not have these documents please let us know so that we can send them to you. Contact us by telephone on **0800 561 9000** or via email at **member.help@medicalprotection.org**

The Medical Protection Society Limited ("MPS") is a company limited by guarantee registered in England with company number 36142 at Level 19, The Shard, 32 London Bridge Street, London, SE1 9SG. MPS is not an insurance company. All the benefits of membership of MPS are discretionary as set out in the Memorandum and Articles of Association. MPS® and Medical Protection® are registered trademarks. For information on our use of your personal data and your rights, please see the Privacy Statement on our website medicalprotection.org.

Section B – Previous History 🌓 PLEASE READ THE IMPORTANT INFORMATION BELOW

In this section you must include details of any matter in which you have been named or involved. Please include any pending, unresolved or closed issues, even those already reported to MPS. If necessary please continue your answers on pages 9 to 11. Please note that failure to disclose full and accurate details about your previous history 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.

2. Please give the name of all other organisations and the dates during the last 10 years which you were a member of polyholder. If you were previously a member of MPS, please give your membership number and your full name at the tim (if it has changed) Organisation Drom Do MPS number Full Name Other membership pumber If on DD/MMYYYY DD/MMYYYY MPS number Full Name Other membership pulse, number If any stage practised without professional indemnity during the last 10 years (is, please exclude any period(is protected by state, employer, insure or MDO indemnity)? (if in doubt please indicate YES) if you answer YES please continum dates and the reason below Yes No 4 Have there been any breaks in your clinical practice of more than 6 months in the last 2 years? (if in doubt please indicate YES) if you answer YES please continum the dates and the reason for any gap. Please also provide details of any continuous professional ace/elopment, or refresher training that has been undertailen. Yes No 4 Have there been any breaks in your clinical practice of more than 6 months in the last 2 years? (if in doubt please indicate YES) if you answer YES please and the reason for any gap. Please also provide details of any continuous professional ace/elopment, or refresher training that has been undertailen. Yes No 5 Have you ever previously been refused professional indemnity/insurance including a decline to renew or had it withdrawn voidee? (if n do	Have you had	any professional indemr	ity/insurance before?	Yes (Pleas	se goto Q2)	lo (Please go to Q3)
DD/MM/YYYY DD/MM/YYYY policy number Policy number policy number Policy number policy number Protected by state, employer, insurer or MDO indemnity)? (if in doubt please indicate YES) if you answer YES please confirm the dates and the reasons below. Protected by state, employer, insurer or MDO indemnity)? (if in doubt please indicate YES) if you answer YES please confirm the dates and the reason for any gap. Please also provide details of any continuous professional development or refresher training that has been undertaken. Yes No Have you ever previously been refused professional indemnity/insurance including a decline to renew or had it withdrawn voided? (if in doubt please indicate YES) if you answer YES please confirm the dates and the reason for any gap. Please also provide details of any continuous professional development or refresher training that has been undertaken. Yes No S Have you ever previously been refused professional indemnity/insurance including a decline to renew or had it withdrawn voide? (if in doubt please indicate YES) if you answer YES please provide a summary in your own words providing dates and reasons, including copies of any correspondence. Yes No 4. Have you had any non-standard terms or conditions including a non-standard subscription or premium imposed on your professional indemnity/insurance? If you answer YES please provide date and full details (if necessary please continue on a separate sheet) Yes No 7. In the last 10 years, have	policyholder. I	f you were previously a r				
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Yes No	a local level (ie include: date of	e, within your own practi f incident, factual summa	ce)? If you answer YES p ry of the event, the exte	please provide full de nt of your involveme	tails of the complaii ent, country where t	nt(s). The details must

practice i date of ind	t 10 years have you been involved in any claim(s) for compensation or damages arising out of your professional regardless of the outcome? If you answer YES please provide full details of the complaint(s). The details must include: cident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of er and the final outcome of the incident. (If necessary please continue on a separate sheet)
Yes	No
The detail	ware of any incident(s) that might become a claim? If you answer YES please provide full details of the incident(s). Is must include: date of incident, factual summary of the event, the extent of your involvement, country where the case ed, name of indemnifier and the current status of the incident(s). (If necessary please continue on a separate sheet) No
a health o of the eve	ever been the subject of a disciplinary inquiry or had practice privileges refused/ withdrawn/ made conditional by care provider? If you answer YES please provide full details. The details must include: date of incident, factual summary ent, the extent of your involvement, country where the incident(s) occurred, name of indemnifier, the final outcome of the ind was this reported to the regulatory body (If necessary please continue on a separate sheet)
registrati	ever been subject to any referral, complaint, inquiry, investigation or hearing by any regulatory, licensing or ion body? If you answer YES please provide full details. The details must include: date of incident, factual summary of the e extent of your involvement, country where the case was lodged, name of indemnifier and the final outcome of the case. ary please continue on a separate sheet)
Yes	No
convictio The detail	been cautioned by the police or convicted of any criminal offence? (You do not need to include spent/expired ons, or minor road traffic offences that did <u>not</u> involve alcohol or drugs.) If you answer YES please provide full details. Is must include: date of incident, full details of the offence, the final outcome or current position and was this reported to atory body (If necessary please continue on a separate sheet)
Yes	No
members	e any other issues of which MPS might reasonably need to be aware when considering your application for ship? (If in doubt please indicate YES.) If you answer YES please provide all relevant information below. (If necessary please on a separate sheet)
Yes	No

Se	cti	on C – Your professional status
1.	Ple	ase tick below to indicate your status:
		Full year in general practice (GPT)
		Part time in general practice (G12). Please indicate the number of hours spent per week in GP practice:
		Full year in hospital practice (BMG)
		Split year:
		11 months' GP practice + 1 month's hospital practice (G01)
		10 months' GP practice + 2 months' hospital practice (G02)
		9 months' GP practice + 3 months' hospital practice (G03)
		8 months' GP practice + 4 months' hospital practice (G04)
		7 months' GP practice + 5 months' hospital practice (G05)
		6 months' GP practice + 6 months' hospital practice (G06)
		5 months' GP practice + 7 months' hospital practice (G07)
		4 months' GP practice + 8 months' hospital practice (G08)
		3 months' GP practice + 9 months' hospital practice (G09)
		2 months' GP practice + 10 months' hospital practice (G10)
		1 month's GP practice + 11 months' hospital practice (G11)
2.	Wł	nat is your main hospital specialty?
	Ma	in specialty:
3.	Do	you undertake any private practice (ie, not indemnified by your employer/NHS)?
		Yes (Please provide details below) No
	Are	e you on the specialist register for this specialty (See Information/13)
		Yes No
	Но	w much do you earn from this work? (Gross)
	£g	ross income:
4.	Ple	ase tick any cosmetic/aesthetic treatments/procedures you undertake. (See Information/10) (Please also complete Q5-Q7)
		Non-permanent and semi permanent fillers in the treatment of wrinkles and/or lip enhancement
		Botox
		Microdermabrasion
		Superficial chemical peels only (affecting the intra-epidermal layer)
		Sclerotherapy

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	Other. (Please specify any other surgical cosmetic/aesthetic procedures or treatments you undertake not listed in Q4 above, eg laser treatments):
ō.	Please tick if more than 50% of your working time is spent in cosmetic/aesthetic medicine ?
Ple	ase state the gross income you earn from this practice: (See Information/13)
£g	gross income:
	e you involved in the treatment of elite/professional sportsmen or sportswomen? If you I unsure please contact Member Services on 0800 561 9000. (See Information/11)
	Yes (Please provide details below) 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 (eg, 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:

- 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	DD	MM	Y Y Y Y	Please note must be current date

Please note that failure to hold adequate and appropriate insurance or indemnity in respect of your professional practice could result in General Medical Council (GMC) sanction and, ultimately, the loss of your licence to practise medicine. GMC guidance makes it clear that you should provide an indemnity provider, such as MPS, with accurate and up to date information about the scope and nature of your practice and review your membership at regular intervals to make sure that it continues to provide sufficient indemnity for all the medical work that you do.

- □ 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 tell us why you have chosen MPS - Your comments are important to us, please tick below

 Competitive subscription rates MPS membership co-ordinator, please provide their initials:
3. MPS membership co-ordinator, please provide their initials:
4. Group arrangement
5. Dissatisfaction with previous organisation
6. Other (please provide details in the space provided)

Additional space for answers to Section B – Previous history

Please clearly indicate the question number that you are providing details for below.

Please attach additional pages if necessary and clearly indicate the question number for which you are providing additional information. Failure to disclose full and accurate details about your previous history 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.

Additional space for answers to Section B – Previous history

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Medical Protection

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

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