



**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:

- 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 or scope of practice change
- 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:

**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/](http://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.

**OFFICE USE ONLY**

HOSPITAL CODE

BDE CODE

Member Operations  
Medical Protection  
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

[applications@medicalprotection.org](mailto:applications@medicalprotection.org)  
[medicalprotection.org](http://medicalprotection.org)