APPLICATION/RENEWAL FORM UK F1 YEAR - AUGUST



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

| Personal details – ple | ase | wri | ite i | n th | ne b | oxe | s p | rov | vide | ed | | | | | | | | | | | | | | | | |
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| MPS Membership Number | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | Mr | | | Mrs | | 1 | Ms | | | Mis | s | | | Otl | ner | | | | | | | | | | | |
| First Name | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Middle name(s) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous Surname | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth | D | D | | М | М | | Υ | Υ | Y | Y | | (| Geno | der (| opti | onal | l) | | Ma | ale | | Fe | emal | e | | |
| Mobile number | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email address | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UK address for corresponde | ence | | | | | | | | | | | | | | | | | | | | | | | | | |
| Line 1 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Line 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Line 3 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Town or City | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | Eng | glanc | d | N | orthe | ern Ir | ela | nd | | Sco | tlan | d | | Wal | es | | | | | | | | | | | |
| Postcode | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical Student | _ | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical School | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hospital | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How many years does your | cour | se la | ast? | | 4 | | | 5 | | | 6 | | | | | | | | | | | | | | | |
| Current year of study? | 1 | | | 2 | | | 3 | | | 4 | | | | 5 | | | 6 | | | | | | | | | |
| Direct Debit instructi | on (| plea | ase | ens | ure | γοι | J S | ign | and | d da | ite) | | | | | | | | | | | | | | | |
| Thank you for choosing to pareturning this instruction. | ay by | ann | nual I | Dired | ct De | bit fo | or y | our | MP: | S me | embe | ersh — | nip. Y | ′ou s | hou | ıld e: | xpe | ct to | hea | ar fro | m u | IS W | ithin | 14 | days | of |
| Medical Protection Please fill in the whole form using a Medical Protection Society, Victoria | oall poi | nt per | n and s | ing send t | stru SO o: Mem | cie ^r nber 0 | ty pera | to tions, | pa | ou ay t | r ba | an Oir | k c ec | r t D | eb | it | | | | | |) | DI D | RE e b | CT | Γ t |
| Member Services 0800 561 9000. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 2 110 | conan | iace, c | | .0110 | , . <u>_</u> , . | J | | | vice u | | | | | _ | | | | _ | İ | | | | | |
| Name and full postal address of you To: The Manager | r bank | or bui | lding s | ociety | | ınk/bu | iildin | g soci | ety | | 4 erenc | | 3 | 4 | | 3 | | 1 | | 3 | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | | | | | | | | 1 |
| Address | | | | | | | | | | | | | | | F | OR ME | PS OF | FICIAI | USF | ONLY | | | | | | 1 |
| | | | Po | ostcoo | le | | | | | | | Th | is is n | ot par | | | | | | oank o | | ding s | ociety | ·. | | |
| Name(s) of account holder(s) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | Plea | | / MPS | Direc | t Debi | ts fror | n the a | accour | | | this Ir | | | | | | |
| Bank/building society account numb | per | | | | | | | 1 | | with | n MPS | and, i | | | | | | | | stand t my ba | | | | | remai | 1 |
| | | | | | | | | | | Sig | gnatur | e(s) | | | | | | | | | | | | | | |
| Branch sort code | | | | | | | | | | Da | ite | | | | | | | | | | | | | | | 1 |

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

| Please note: |
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| 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 |
| if you answer yes you will be contacted for fulfiller 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: DD MM Z Q Q Y Y |
| Signature. |
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| Important – Vour Personal Information and Data |
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Calls to Member Services may be recorded for training and monitoring purposes

applications@medicalprotection.org

medicalprotection.org