

GROUP SCHEME TRANSFER EMPLOYED CLINICIANS

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

Please complete all parts of this form in **BLOCK CAPITALS**, sign and return to: Member Operations, Medical Protection, Victoria House, 2 Victoria Place, Leeds LS11 5AE, UK Or email to corporateenquiry@medicalprotection.org

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:

D	D	M	M	Y	Y	Y	Y
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Section A – Personal details

<p>Company name</p> <hr/> <p>Director in charge</p> <hr/> <p>Surgery Name</p> <hr/> <p>Title</p> <hr/> <p>First name(s)</p> <hr/> <p>Surname</p> <hr/> <p>Previous name if any</p> <hr/> <p>Date of birth (DD/MM/YYYY)</p> <hr/> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <hr/> <p>Regulatory body registration number eg GMC, NMC, HCPC</p> <hr/> <p>Are you on the GMC GP register?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>MPS membership number</p> <hr/> <p>Address in the UK for correspondence</p> <hr/> <hr/> <hr/> <p>Postcode</p> <hr/> <p>Email address (Please see declaration on page 2)</p> <hr/> <hr/> <p>Daytime telephone</p> <hr/> <p>Evening telephone</p> <hr/> <p>Mobile telephone</p> <hr/>
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Section B – Primary care status and scope of practice

1. For your main country of practice. (Please tick one box only):

<input type="checkbox"/> GP partner	<input type="checkbox"/> Pharmacist
<input type="checkbox"/> Locum GP	<input type="checkbox"/> Physiotherapist
<input type="checkbox"/> Salaried GP	<input type="checkbox"/> Paramedic
<input type="checkbox"/> Nurse	<input type="checkbox"/> Physician associate
<input type="checkbox"/> Nurse partner	<input type="checkbox"/> Practice manager
	<input type="checkbox"/> Practice manager partner

How many sessions do you work in total in an average working week? Please round your answer up to the nearest whole number.

If in England/Wales: What is your projected gross revenue for additional work you undertake (beyond your primary medical services contract) for which you require indemnity for clinical negligence claims?

For Practice manager partners only. Do you require claims indemnity for clinical negligence claims for your liability as a practice partner?

Yes No

Do you undertake any of the following activities/roles:

Forensic medical examiner NHS Work Private Work

Prison medical officer NHS Work Private Work

Minor surgery NHS Work Private Work

Cosmetic/aesthetic practice NHS Work Private Work

Unscheduled care NHS Work Private Work

Teleconsulting or virtual consulting for unregistered patients or patients for whom the member does not hold full medical records NHS Work Private Work

Pre-hospital care for professional sports persons as the clinician in-charge NHS Work Private Work

2. Are you involved in the treatment of a professional sportsperson(s) If you are unsure please contact Membership Services on 0800 561 9000. **(for further information visit medicalprotection.org information for applicant)**

Yes (please provide details below) No

3. Please indicate if you are a:

Single-handed GP

GP with special interest or acting in an extended role

Specialty:

Last accreditation date (DD/MM/YYYY):

Section C – For work outside of Primary Care

1. Do you undertake clinical work for which you require indemnity?

Yes (If Yes, please provide details)

Please also complete one of the options (a or b) as detailed.

a. If Salaried. How many hours do you work each week

hours

b. If Consultant/ Private Specialist. What are your gross earnings each year from that work

£

2. If not currently covered by MPS, would you like us to provide you with a quotation for indemnity for your additional work?

Yes No

Section D – Declaration

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:

- (i) MPS may transfer your MPS membership to the Group Scheme of your employer.
- (ii) MPS may communicate with your employer on issues concerning your membership of MPS.
- (iii) You confirm that the information you have provided is correct to the best of your knowledge and belief and that you have read the notes and information detailed within the Group Scheme Transfer Form.
- (iv) You understand that any failure to disclose full and accurate details could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership.
- (v) 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.
- (vi) 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.

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 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 practice 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.

Signature: (Please sign in black ink)

Date: DD/MM/YYYY (Please note must be current date)

Please remember to inform us promptly of any change to your personal circumstances or scope of practice.

Medical Protection

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

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

member.help@medicalprotection.org
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OFFICE USE ONLY	Start date (DD/MM/YYYY)
Date received (DD/MM/YYYY)	Group code
Approved by	Group scheme
Date approved (DD/MM/YYYY)	Group level
Processed	Group member grade
	Additional work cover account
	Membership no.
	Notes