MEDICAL PROTECTION SOCIETY
PROFESSIONAL SUPPORT AND EXPERT ADVICE

Specialty training in general practice – UK

0845 718 7187 member.help@mps.org.uk

MPS

Putting members **first**

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Please complete in BLOCK CAPITALS, sign and return to: Membership Services, 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 here:** (DD/MM/YYYY)

Section A – Personal details

Title

First name

Surname

Previous name if any

Date of birth (DD/MM/YYYY)

Gender ○ Male ○ Female

GMC registration number

Degrees and diplomas

Medical school

Month and year of graduation (MM/YYYY)

Address in UK for correspondence

Postcode

Email address

Daytime telephone

Evening telephone

Mobile telephone

Will all your medical practice be carried out in the United Kingdom? ○ Yes ○ No

(If no please give full details. If necessary please continue on a separate sheet.)

If you are registered to practise in any other countries please state which:

Please read all of the important 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 **0845 718 7187** or via email at **member.help@mps.org.uk**

MPS office use only

Date form sent (DD/MM/YYYY)

Start date (DD/MM/YYYY)

DP

Date received (DD/MM/YYYY)

Joining reason

Access no.

Approved by

Grade

Membership no.

Date approved (DD/MM/YYYY)

Status

Notes

Processed

Specialty

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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. Failure to disclose full and accurate details about your previous history may delay your application. If necessary please continue your answers on pages 6 and 7.

1. Have you had any professional indemnity/insurance before? ○ **Yes** (Please go to Q2) ○ **No** (Please go to Q4)

2. Please give the name of all other organisations and the dates during which you were a member or policyholder. If you were previously a member of MPS, please give your membership number and your name at the time (if it has changed).

Organisation	From (DD/MM/YYYY)	To (DD/MM/YYYY)	MPS number	Name	Other membership or policy number

3. Have there been any gaps in your professional indemnity during the last ten years? (If in doubt please indicate YES.) ○ **Yes** ○ **No**
If you have answered YES please confirm the dates and the reason for any gap below.

4. Have there been any breaks in your clinical practice in the last 2 years? (If in doubt please indicate YES.) ○ **Yes** ○ **No**
If you have answered 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.

5. Have you ever been refused professional indemnity/insurance, including refusal to renew or been offered limited or conditional terms or a higher/enhanced subscription/premium? (If in doubt please indicate YES.) ○ **Yes** ○ **No**
If you have answered YES please provide a summary in your own words providing dates and reasons, including copies of any correspondence.

6. Have you ever been the subject of any **complaint(s)** in the last 10 years arising out of your professional practice ○ **Yes** ○ **No**
If you have answered YES please provide full details of the complaint(s) **if it was not resolved at local level**. The details must include a summary in your own words of the events leading to the complaint(s), dates, the extent of your involvement and the final outcome.

! **If you have answered YES to any of the above questions please provide details as requested. Use pages 6 and 7 if needed. Failure to disclose full and accurate details about your previous history may delay your application.**

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7. Have you ever been involved in any **claim** for compensation arising out of your professional practice or are you aware of any incident that might become a claim? (If in doubt please indicate YES.) If you have answered YES please provide a summary in your own words of the events leading to the claim(s) declared, including dates, the extent of your involvement and also the final outcome. ○ Yes ○ No

8. Have you ever been the subject of a disciplinary inquiry by your employer or had practice privileges refused/withdrawn/made conditional by a private health care provider? (If in doubt please indicate YES.) If you have answered YES please provide a summary in your own words to include dates, the extent of your involvement and also the final outcome. Copies of any associated correspondence must be provided. ○ Yes ○ No

9. Have you ever been subject to any referral, complaint, inquiry or investigation or hearing by the GMC or any other registration body or had conditions imposed on your practice or been suspended or erased from a medical register? (If in doubt please indicate YES.) If you have answered YES please provide a summary in your own words of the events leading to the registration body inquiry/investigation, including dates, the extent of your involvement and you must provide copies of any final determination letter(s). ○ Yes ○ No

10. Have you ever been cautioned by the police in respect of, or convicted of, any criminal allegation (including road traffic offences)? If you have answered YES please provide a summary in your own words to include the nature of the offence, the final outcome or the current position and whether the offence was reported to any registration body. ○ Yes ○ No

11. Are there any other issues of which MPS might reasonably need to be aware when considering your application for membership? (If in doubt please indicate YES.) If you have answered YES please provide all relevant information below. ○ Yes ○ No

If you have answered YES to any question on pages 2 and 3 please provide details as requested. Use pages 6 and 7 if needed. Failure to disclose full and accurate details about your previous history may delay your application.

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Section C – Your professional status

1. Please 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. What is your main hospital specialty? Main specialty:

3. Do you undertake any private practice (ie, not indemnified by your employer/NHS)? ○ Yes (Please provide details below) ○ No

Are you on the specialist register for this specialty (See Information/12) ○ Yes ○ No

How much do you earn from this work? (Gross) £ gross income:

4. Please tick ☑ any cosmetic/aesthetic treatments/procedures you undertake. (See Information/9) (Please also complete Q5-Q7)

- ○ Non-permanent and semi permanent fillers in the treatment of wrinkles and/or lip enhancement
- ○ Botox
- ○ IPL
- ○ Microdermabrasion
- ○ Superficial chemical peels only (affecting the intra-epidermal layer)
- ○ Sclerotherapy

5. ○ Other. (Please specify any other surgical cosmetic/aesthetic procedures or treatments you undertake not listed in Q4 above, eg laser treatments):

6. ○ Please tick ☑ if more than 50% of your working time is spent in cosmetic/aesthetic **medicine**?

Please state the gross income you earn from this practice: (See Information/12) £ gross income:

7. Are you involved in the treatment of elite/professional sportsmen or sportswomen? If you are unsure please contact the membership helpline on 0845 718 7187. (See Information/10) ○ Yes (Please provide details below) ○ No

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IMPORTANT! Please read the following and sign below

Please note – You must sign and return this form with a current date. Any delay in returning this form may invalidate this application.

I wish to apply for membership of MPS subject to the Memorandum and Article of Association and upon payment of the appropriate subscription. I confirm that I have read the important information on the guidance sheet. I understand that membership is not conferred automatically and is subject to approval.

I confirm that the information I have provided is correct to the best of my knowledge and belief. I confirm that I have completed and enclosed the payment instruction form. Payments made are subject to verification and acceptance of a payment by MPS does not of itself confirm membership and/or entitlement to request benefits.

Important – your data

At times we will ask you to provide us with data and personal information including when you apply for membership, your subscription is renewed, your scope of practice changes and if you seek and we provide assistance to you. In applying for membership and by continuing as a member you agree that (i) we may hold and process your personal data including sensitive personal data (as defined in the United Kingdom's Data Protection Act 1988 (the Act)) which you provide to us or which we fairly obtain from another source for the purposes of processing any application for membership, the administration and provision of membership services, providing you with the benefits of membership (including, but not limited to, advice, assistance and indemnity), underwriting, risk assessment, marketing, education, research and audit during your membership and for a reasonable period after your membership terminates or an application for membership is rejected by us or withdrawn by you and (ii) we may share such data with third parties who may also hold and process the data for the same purposes. Under the Act you have the right to ask us for a copy of any of your personal data which we hold, for which we make a nominal charge.

You also agree that (i) we may seek information relevant to any purpose for which you have agreed we may hold personal data regarding past and current matters from other professional defence organisations, insurance companies or employers with whom you have had professional indemnity arrangements or been employed and that they may release to us such information (ii) if you are outside of the European Economic Area (EEA) your data may be transferred to, held and processed within the EEA and (iii) if you provide us with an email address or telephone number it may be used by us and third parties to contact you for any of the purposes for which you have agreed to allow us or them to hold or process your personal data.

If you are submitting additional sheets or correspondence, please tick ☑ here. ☐

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. If you do not wish to receive such information, either via post or email, please tick ☑ here. ☐

Signature _____ Date (DD/MM/YYYY) _____

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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 that you are providing details for. Failure to disclose full and accurate details about your previous history may delay your application.

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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 that you are providing details for. Failure to disclose full and accurate details about your previous history may delay your application.

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

1. ○ Personal recommendation
2. ○ Competitive subscription rates
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)

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Tel: **0845 718 7187**
(Mon-Fri: 8am to 6.30pm)
www.mps.org.uk
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Calls to Membership Services may be recorded for monitoring and training purposes.

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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.