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07 The nominated Practice Xtra administrator should sign and date this form on behalf of the practice

PLEASE NOTE:

- By signing this form you are confirming that the details provided on this form are correct to the best of your knowledge.
- You will still need to complete an individual MPS application form for yourself.

PLEASE ENSURE ALL GPs REQUIRED TO SIGN THIS FORM HAVE DONE SO BEFORE RETURNING IT TO MPS.

Title

Forename(s)

Surname

Position held in practice

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and for a reasonable period after your membership terminates or an application for membership is rejected by us or withdrawn by you and (ii) we may share such data with third parties who may also hold and process the data for the same purposes.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)

Medical Protection Society
Practice Xtra Team, Membership Services
Victoria House, 2 Victoria Place, Leeds LS11 5AE
Tel: **0845 456 7767**
(Mon-Fri: 8.30am to 5.30pm)

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

www.mps.org.uk/gppractice
gppractice@mps.org.uk

The Medical Protection Society Limited – A company limited by guarantee.
Registered in England No. 36142 at 33 Cavendish Square, London W1G 0PS, UK.

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.

Practice Xtra Application form

0845 456 7767 gppractice@mps.org.uk

Practice Xtra is designed to make the benefits of MPS membership available to GP partners and other healthcare professionals they employ to provide GP services to their patients. To apply to join Practice Xtra please complete this form and return it in the pre-paid envelope provided.

MPS Putting members first

01 Please provide your practice details

Practice name

Practice address

Postcode

Telephone

Fax

Email address

Practice Xtra number
(MPS OFFICE USE ONLY)

02 What is the legal status of your practice/organisation? (please tick all that apply ☑)

- ☐ GP partnership (either a single handed GP or a multiple partner practice) (please go to 03)
- ☐ Limited Liability Partnership (LLP)
- ☐ Community Interest Company (CIC)
- ☐ Limited Company (LTD)
- ☐ Limited by guarantee/shares
- ☐ Community Interest Group (CIG)
- ☐ Social Enterprise Organisation
- ☐ Private Limited Company (PLC)
- ☐ Other (please specify):

Please provide the full name of the organisation as registered at Companies House:

03 Essential Practice Xtra details

GPs in practice

Total number of **salaried GPs** in the practice:

Total number of **GP partners** in the practice:

Please tell us the contractual arrangements under which you provide GP services
(please tick all that apply ☑)

- ☐ GMS
- ☐ PMS
- ☐ APMS
- ☐ PCTMS
- ☐ Equitable Access
- ☐ Other (please specify):

Other details

Is the practice designated as a training practice?	☐ Yes	☐ No
Is the practice based on more than one site?	☐ Yes	☐ No
Is the practice linked to any other practices?	☐ Yes	☐ No

IMPORTANT NOTE

There are two levels of Practice **Xtra** – Gold and Silver.

The Practice **Xtra** level that your practice is placed on will depend upon the number of your GPs who are MPS members.

Please note that changes (increase/decrease) in the number of GPs in the practice may result in an adjustment to the level of Practice **Xtra** that you qualify for at any time during your membership year.

For more information on Practice **Xtra** please visit **www.mps.org.uk/gppractice**

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0845 456 7767
gppractice@mps.org.uk

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04 Current MPS GP members to be included in your Practice Xtra

Please list the current MPS GP members to be included in your Practice Xtra.
PLEASE ENSURE EACH GP SIGNS AGAINST THEIR NAME TO INDICATE THEIR AGREEMENT WITH THE STATEMENTS BELOW:

I consent to my current MPS membership being transferred into Practice **Xtra**.

I understand that I will still retain my personal membership with MPS but that the following will change:

- my renewal date will be brought in line with that of the GP Practice and this may have an effect on my current payment schedule
- my correspondence address will be changed to that of the practice and my documentation will be sent to the assigned administrator for the practice (usually the practice manager)
- my membership with MPS may be discussed with the assigned administrator and I give them permission to advise MPS of changes to my hours and type of practice.

Name **Signature:**
MPS Membership no: No. of weekly sessions: ☐ Partner ☐ Salaried

Name **Signature:**
MPS Membership no: No. of weekly sessions: ☐ Partner ☐ Salaried

Name **Signature:**
MPS Membership no: No. of weekly sessions: ☐ Partner ☐ Salaried

Name **Signature:**
MPS Membership no: No. of weekly sessions: ☐ Partner ☐ Salaried

Name **Signature:**
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Name **Signature:**
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Name **Signature:**
MPS Membership no: No. of weekly sessions: ☐ Partner ☐ Salaried

Name **Signature:**
MPS Membership no: No. of weekly sessions: ☐ Partner ☐ Salaried

Name **Signature:**
MPS Membership no: No. of weekly sessions: ☐ Partner ☐ Salaried

05 Please list all non-MPS GP members to be included in your Practice Xtra

Each individual non MPS GP to be included in your Practice Xtra wishing to join MPS will be sent an MPS application form to complete.

Name
No. of weekly sessions: Preferred start date (DD/MM/YYYY) ☐ Partner ☐ Salaried

Name
No. of weekly sessions: Preferred start date (DD/MM/YYYY) ☐ Partner ☐ Salaried

Name
No. of weekly sessions: Preferred start date (DD/MM/YYYY) ☐ Partner ☐ Salaried

Name
No. of weekly sessions: Preferred start date (DD/MM/YYYY) ☐ Partner ☐ Salaried

Name
No. of weekly sessions: Preferred start date (DD/MM/YYYY) ☐ Partner ☐ Salaried

Name
No. of weekly sessions: Preferred start date (DD/MM/YYYY) ☐ Partner ☐ Salaried

Name
No. of weekly sessions: Preferred start date (DD/MM/YYYY) ☐ Partner ☐ Salaried

Name
No. of weekly sessions: Preferred start date (DD/MM/YYYY) ☐ Partner ☐ Salaried

IMPORTANT NOTE: There are two levels of Practice **Xtra** – Gold and Silver.

The Practice **Xtra** level that your practice is placed on will depend upon the number of your GPs who are MPS members. Please note that changes (increase/decrease) in the number of GPs in the practice may result in an adjustment to the level of Practice **Xtra** that you qualify for at any time during your membership year.

For more information on Practice **Xtra** please visit **www.mps.org.uk/gppractice**

06 Additional staff to be included in your Practice Xtra

Each staff member eligible to join Practice **Xtra** will be required to complete an application form. Please visit **www.mps.org.uk/gppractice** to complete the associate application online.

MPS will base its definition on the type and scope of tasks undertaken by the individual, it will not be based on the job title of the individual. MPS has developed different associate levels related to the tasks that are carried out by the healthcare professionals in the practice. Please see the MPS associate level task list at **www.mps.org.uk/gppractice** for further details.

Staff who qualify for free (indemnity only) associate membership only undertake tasks within MPS associate levels 1-4. The number of free associate (indemnity only) members a practice is entitled to will depend upon the number of MPS GP members the practice has.

The practice will also be entitled to one free nurse undertaking advanced duties within MPS associate level 5 membership per full time GP equivalent working in the practice.

If you have any queries about additional staff to be included in your Practice Xtra, then please contact us on **0845 456 7767** to discuss this.