

Student Membership Application

Scheme of co-operation with MAS

☎ 0800 225 5677 (FREEPHONE) ✉ membership@mps.org.nz



Putting members **first**

Please complete all parts of this form in **BLACK INK** and **BLOCK CAPITALS** and return to:
MPS c/o MAS Head Office, PO Box 13-015, 19-21 Broderick Road, Johnsonville, Wellington 6440.
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 box to the right.

(DD/MM/YYYY)

Surname _____

First name(s) _____

Title _____

Maiden/previous name if any _____

Date of birth (DD/MM/YYYY) _____

Gender Male Female

Nationality _____

Medical school _____

Current year of study? 1 2 3 4 5
 Final

Expected month and year of graduation (MM/YYYY) _____

Home address – if for correspondence please tick

Postcode (zip or postal area) _____

Term address – if for correspondence please tick

Postcode (zip or postal area) _____

Daytime telephone _____

Evening telephone _____

Mobile number _____

Email address (1) _____

Email address (2) _____

IMPORTANT INFORMATION – PLEASE READ

Your Personal Information and Data

At times we will ask you to provide us with **personal information and data** 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 information (as defined in the New Zealand Privacy Act 1993 (the NZ Act)) or personal data** including sensitive **personal data** (as defined in the United Kingdom's Data Protection Act 1998 (the UK 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and for a reasonable period after your membership terminates or an application for membership is rejected by us or withdrawn by you and (ii) we may share such **personal information or data** with MPS' related companies (Related Companies) and third parties who may also hold and process it for the same purposes. Under the NZ Act and the UK Act you have the right to ask us for a copy of any of your **personal information or personal data** respectively which we hold.

You also agree that (i) we may seek **personal information or data** relevant to any purpose for which you have agreed we may hold **personal information or 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 **personal information or 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, our Related Companies 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 information or data**.

In order to provide you with the best possible service MPS and its Related Companies would like to inform you of other products and services offered by MPS and its Related Companies that we or they believe may be of interest to you. If you do not wish to receive such information, either via post or email, please tick here.

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

Signature _____

Date (DD/MM/YYYY) _____

MAS office use only

Date received (DD/MM/YYYY) _____

Start date (DD/MM/YYYY) _____

Approved by _____

Membership no. _____

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

Feedback from new members is very important, please help by answering the the following questions

- | | |
|--|--|
| 1. <input type="checkbox"/> Personal recommendation | 5. <input type="checkbox"/> Other (please provide details in the space provided) |
| 2. <input type="checkbox"/> Competitive subscription rates | |
| 3. <input type="checkbox"/> Group arrangement | |
| 4. <input type="checkbox"/> Dissatisfaction with previous organisation | |

MPS – New Zealand Contact information

c/o Medical Assurance Society Head Office
P.O. Box 13-015, 19-21 Broderick Road,
Johnsonville, Wellington 6440



Telephone 0800 225 5677 (FREEPHONE)
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Email membership@mps.org.nz
Website www.medicalprotection.org/newzealand

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.