



Please complete all of the fields below

Membership number	
Title	
First name(s)	
Surname	
Medical regulatory body registration number	
Date of birth (DD/MM/YYYY)	
Address	
Postcode	
Email address	
Telephone number(s)	

My query relates to:

<input type="checkbox"/> Claim	<input type="checkbox"/> Criminal investigation
<input type="checkbox"/> Defamation	<input type="checkbox"/> Medical Council issue
<input type="checkbox"/> Generic medicolegal advice	<input type="checkbox"/> Inquest
<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Patient complaint

Period of involvement (date of earliest interaction and date of last interaction with patient relevant to the incident giving rise to case)

From (DD/MM/YYYY)		To (DD/MM/YYYY)	
Incident date (DD/MM/YYYY)			
Private practice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
At the time of the incident, what was your Specialty?			
At the time of the incident, what was your location?			
At the time of the incident, what was your seniority/grade?			
Name of hospital/clinic			
Brief anonymised summary (please detail below)			

Patient initials	
Patient year of birth (YYYY)	
Patient outcome	
If applicable, patient date of death (DD/MM/YYYY)	

Additional information

If you have any additional documents that you wish to forward to us, it is not usually necessary to forward all the documents now. Please, however, keep these safe as they may be requested from you in the future.

To protect patient confidentiality, please ensure you do not provide us with any additional documentation which could allow a patient to be identified.

I confirm that I have not included any information that would allow a patient to be identified.

Consent to the use of Special Category 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/privacy

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 to the use of Special Category Data

You may withdraw consent to such processing by contacting MPS [here](#), but if you do so we may no longer be able to provide you with membership and its benefits.

IMPORTANT – Please sign (with full signature) and add the current date below

	Date	Please note this must be the current date
--	------	---