

PRACTICE
XTRA
APPLICATION FORM
UK

Medical
Protection



0800 952 0441 (Monday to Friday: 08.00 – 18.30) | gppractice@medicalprotection.org | medicalprotection.org/practicextra

Please provide practice details

Practice name

Practice address

Postcode

Telephone

Fax

Email address

Practice **Xtra** number
(MPS OFFICE USE ONLY)

Practice Xtra is designed to make the benefits of Medical Protection 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, scan and return this to gppractice@medicalprotection.org

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)

☐ 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:

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

MPS GP member confirmation and consent for Practice Xtra

Please list and provide practice information for the current Medical Protection GP members to be included in Practice Xtra and ask each to sign below to confirm their details and agreement.

By signing below each signatory confirms that they:

- Have checked and confirm that the information regarding their practice information is correct and will promptly inform Medical Protection of any change to their personal circumstances, scope of practice or other details (including in relation to income and number of sessions worked).
- Consent to their membership being transferred to Practice Xtra.
- Understand that their personal Medical Protection membership will be retained but:
 - Their membership subscription renewal date will be brought in line with that of the practice and this may affect their current subscription payment schedule
 - The membership correspondence address will be changed to that of the practice and membership documentation may be shared with the practice administrator
- Authorise and agree that Medical Protection and the practice administrator may share information in respect of their membership and authorise the practice administrator to provide details of any changes to their scope of practice.
- Agree that Medical Protection may seek information from other professional defence organisations, insurance companies, employers or other third parties in respect of membership and that they may release to MPS such information.

Personal Information and Data

When interacting with Medical Protection, members may choose to give Medical Protection 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 membership or the actual or potential provision of advice, assistance or indemnity. We may also receive Special Category Data about members from others in connection with membership or advice, assistance or indemnity (e.g. from a complainant, claimant, witness, expert, court or regulator). We ask for members' express consent to process their Special Category Data. Members may withdraw consent to such processing by contacting Medical Protection, but if they do so we will no longer be able to provide them with membership and its benefits.

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.

Name	Signature:
Medical Protection Membership no:	No. of weekly sessions: ☐ Partner ☐ Salaried
☐ I consent to Medical Protection processing my Special Category Data for the purposes of providing me with membership and its benefits (including assistance and indemnity)	
Name	Signature:
Medical Protection Membership no:	No. of weekly sessions: ☐ Partner ☐ Salaried
☐ I consent to Medical Protection processing my Special Category Data for the purposes of providing me with membership and its benefits (including assistance and indemnity)	
Name	Signature:
Medical Protection Membership no:	No. of weekly sessions: ☐ Partner ☐ Salaried
☐ I consent to Medical Protection processing my Special Category Data for the purposes of providing me with membership and its benefits (including assistance and indemnity)	
Name	Signature:
Medical Protection Membership no:	No. of weekly sessions: ☐ Partner ☐ Salaried
☐ I consent to Medical Protection processing my Special Category Data for the purposes of providing me with membership and its benefits (including assistance and indemnity)	

Please list all non-Medical Protection GP members to be included in your Practice Xtra

Each individual non Medical Protection member wishing to join Medical Protection and to be included in your Practice Xtra, will need to complete an individual application.

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

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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

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 Medical Protection application form for yourself.

PLEASE ENSURE ALL GPS WHO ARE REQUIRED TO, SIGN THIS FORM AND CONSENT TO MEDICAL PROTECTION PROCESSING THEIR SPECIAL CATEGORY DATA BEFORE RETURNING IT TO MEDICAL PROTECTION.

Title

Forename(s)

Surname

Position held in practice

Signature:

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



Medical Protection

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

0800 952 0441 (Monday to Friday: 08.00 – 18.30)

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

gppractice@medicalprotection.org

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