

# Membership application

## Associate – UK

Medical  
Protection



0800 561 9000 (Monday to Friday 08.00 to 18.30) | [member.help@medicalprotection.org](mailto:member.help@medicalprotection.org) | [medicalprotection.org](http://medicalprotection.org)

**Please complete all editable sections of this form electronically and return by email to the address above**

Alternatively please print out and complete using BLACK INK and BLOCK CAPITALS and return by post to:  
Member Services, Medical Protection Society, Victoria House, 2 Victoria Place, Leeds LS11 5AE, UK

### Section A – Membership start date and personal details

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)

Title		Address for correspondence	
First name			
Surname			
Maiden/previous name (if any)			
Date of birth (DD/MM/YYYY)		Postcode	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Email address	
Degrees and diplomas		Daytime telephone	
Month and year of graduation		Evening telephone	
Name of training/ educational establishment		Mobile telephone	

Regulatory body registration number (eg NMC, HCPC)

To be eligible for membership of Medical Protection you must retain statutory registration with your professional body

What percentage of your clinical time is spent in:

England:

Wales:

Northern Ireland:

Scotland:

Please state any other country in which you are registered to practise:

Will all your professional practice be carried out in the Country in which you are applying for membership?

Yes

No

If No, please provide country and full details (If necessary please continue on a separate sheet)

Will you be involved in treating or providing advice to patients outside of the country in which you are applying for membership?

Yes

No

If Yes, please provide country and full details (If necessary please continue on a separate sheet)

### IMPORTANT – Please read all of the important additional information provided

Please read the relevant **Information for applicants** and **Membership guidance** for your application for Medical Protection membership. If you do not have these documents please let us know so that we can send them to you.

Contact us by telephone **0800 561 9000** or via email at [member.help@medicalprotection.org](mailto:member.help@medicalprotection.org)

Medical Protection is a trading name of The Medical Protection Society Limited ("MPS"). MPS is a company limited by guarantee in England with company number 00036142 at Level 19, The Shard, 32 London Bridge Street, London, SE1 9SG. Medical Protection serves and supports the medical members of MPS with access to the full range of benefits of membership, which are all discretionary, and set out in MPS's Memorandum and Articles of Association. MPS is not an insurance company. Medical Protection® is a registered trademark of MPS.

For information on MPS's use of your personal data and your rights, please see our Privacy Notice.

**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 Medical Protection. Please note that failure to disclose full and accurate details about your previous history may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership. If necessary please continue your answers on pages 6-7.

1. Have you had any professional indemnity/insurance before?  Yes (please go to Q2)  No (please go to Q3)

2. Please give the name of all other organisations and the dates during the last 10 years which you were a member or policyholder. If you were previously a member of MPS, please give your membership number and your full name at the time (if it has changed).

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

3. Have you at any stage practiced without professional indemnity during the last 10 years (ie please exclude any period(s) protected by state, employer, insurer or MDO indemnity)? (If in doubt please indicate YES.) If you answer YES please confirm the dates and reasons.

Yes  No

4. Are you returning to work after a break in clinical practice of 2 years or more? If you answer 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.

Yes  No

5. Have you ever previously been refused professional indemnity/insurance including a decline to renew or had it withdrawn/voided? (If in doubt please indicate YES.) If you answer YES please provide a summary in your own words providing dates and reasons, including copies of any correspondence.

Yes  No

6. Have you had any non-standard terms or conditions including a non-standard subscription or premium imposed on your professional indemnity/insurance? If you answer YES please provide date and full details. (If necessary please continue on a separate sheet).

Yes  No

7. In the last 10 years, have you had any complaint(s) arising out of your professional practice which has not been resolved at a local level (ie within your own practice)? If you answer YES please provide full details of the complaint(s). The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the final outcome of the incident. (If necessary please continue on a separate sheet).

Yes  No

If you have answered YES to any of the above questions please provide details as requested. Use the enclosed pages if needed and include additional pages if required. Failure to disclose full and accurate details about your previous history may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership.

**8. In the last 10 years have you been involved in any claim(s) for compensation or damages arising out of your professional practice regardless of the outcome?** If you answer YES please provide full details of the complaint(s). The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the final outcome of the incident. (If necessary please continue on a separate sheet).

Yes  No

**9. Are you aware of any incident(s) that might become a claim?** If you answer YES please provide full details of the incident(s). The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the current status of the incident(s). (If necessary please continue on a separate sheet).

Yes  No

**10. Have you ever been the subject of a disciplinary inquiry or had practice privileges refused/withdrawn/made conditional by a health care provider?** If you answer YES please provide full details of the incident(s). The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the current status of the incident(s). (If necessary please continue on a separate sheet).

Yes  No

**11. Have you ever been subject to any referral, complaint, inquiry, investigation or hearing by any regulatory, licensing or registration body?** If you answer YES please provide full details. The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the final outcome of the case. (If necessary please continue on a separate sheet).

Yes  No

**12. Have you been cautioned by the police or convicted of any criminal offence? (You do not need to include spent/expired convictions, or minor road traffic offences that did NOT involve alcohol or drugs)** If you answer YES please provide full details. The details must include: date of incident, full details of the offence, the final outcome or current position and was this reported to the regulatory body. (If necessary please continue on a separate sheet).

Yes  No

**13. Are there any other issues of which Medical Protection might reasonably need to be aware when considering your application for membership?** (If in doubt please indicate YES.) If you answer YES please provide all relevant information below. (If necessary please continue on a separate sheet).

Yes  No

If you have answered YES to any of the above questions please provide details as requested. Use the enclosed pages if needed and include additional pages if required. Failure to disclose full and accurate details about your previous history may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership.

**About you**

Are you involved in the treatment of elite/professional sportsmen or sportswomen? (See Information sheet)

Yes (Please provide details below)  No

**Section C – Clinical scientists**

For **Clinical Scientists** only. Please tick the box that applies to you:

No NHS appointment  Non-NHS earnings up to £7,500 pa (gross)  
 NHS employed  Non-NHS earnings more than £7,501 pa (gross)  
 Trainee  Carry out IVF procedures

**Section D – Primary care**

Please tick the box that applies to you:

Practice Manager  
 Nurse Practitioner  
 Practice Nurse

Are you a partner?  Yes  No

**Roles and tasks**

Do you undertake any **Unscheduled care work**? (See important notes below)  Yes  No

Do you work part-time (3 days per week or less)?  Yes  No

Please tick the appropriate membership level (see information box below for guidance).

<input type="checkbox"/> Level 4 membership	Basic nursing duties, or a role undertaking tasks equivalent to a basic nurse.
<input type="checkbox"/> Level 5 membership	Any role undertaking any repeat prescribing, triage or management of patients with a chronic condition, in addition to level 4 tasks.
<input type="checkbox"/> Level 6 membership	Any role undertaking clinical assessment or management of patients with acute or undiagnosed conditions beyond initial triage, in addition to any level 4 and level 5 tasks.

**Please note:** You should ensure that you only undertake tasks for which you are fully trained and competent to carry out. MPS does not provide indemnity for the practise of midwifery or for any cosmetic/aesthetic medicine treatments and/or procedures.

**Section E – Other categories**

Please tick the box that applies to you:

Medical Technical Officer  
 Maxillo-facial Prosthetist/Technologist  
 Surgical care practitioners/surgical assistants

AODP (CODP)  CODP membership number

Do you work within a practice that is part of the Practice Xtra scheme?  Yes  No

If **Yes** please provide full details:

Practice name	Practice ID number
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If you have answered YES to any of the above questions please provide details as requested. Use the enclosed pages if needed and include additional pages if required. Failure to disclose full and accurate details about your previous history may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership.

**Additional space for answers**

Please clearly indicate the question number that you are providing details for below.

**IMPORTANT – Your Personal Information and 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](http://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**

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

**IMPORTANT – Please read, sign and add the current date below**

By signing and returning this form, you agree and confirm that:

- i. You wish to apply for membership of MPS subject to the Memorandum and Articles of Association.
- ii. You understand that any failure to disclose full and accurate details may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership.
- iii. You understand that membership is not conferred automatically and is subject to approval by MPS.
- iv. You acknowledge that any subscription payments made are subject to verification and that acceptance of a payment by MPS does not of itself confirm membership and/or entitlement to request benefits.
- v. You will inform us if your personal circumstances, scope of practice or other details (including in relation to income and number of sessions worked) change.
- vi. We may seek information from other professional defence organisations, insurance companies, employers, and/or other third parties in respect of membership and that they may release to us such information.
- vii. You have read the appropriate information for applicants guidance sheet.

Date

Please note this must be the current date

**Please remember to inform us promptly of any change to your personal circumstances or scope of practice.**

Tick here if you are submitting additional sheets or correspondence.

Please check that you have completed a payment instruction form telling us how you would like to pay for your subscription and please tick here to confirm that the form is enclosed.

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. To opt-in to receive such information, either via post or email, please tick here.

You can contact us to update your marketing preferences.

**Please note that failure to hold adequate and appropriate insurance or indemnity in respect of your professional practice could result in General Medical Council (GMC) sanction and, ultimately, the loss of your licence to practise medicine. GMC guidance makes it clear that you should provide an indemnity provider, such as MPS, with accurate and up to date information about the scope and nature of your practice and review your membership at regular intervals to make sure that it continues to provide sufficient indemnity for all the medical work that you do.**

**IMPORTANT NOTES – Scheduled and unscheduled care**

For some members we currently set subscriptions based on the number of weekly sessions you undertake. We define sessions as either being **Scheduled Care sessions** or **Unscheduled Care sessions**.

**Minor surgery**

Defined as any invasive procedure undertaken in general practice rather than a day case or inpatient hospital setting. Examples include (but are not limited to) joint injection, cautery, cryotherapy, religious circumcisions, excision of 'lumps and bumps' and the insertion of contraceptive implants or intrauterine devices. Minor surgery does not include phlebotomy or vaccination administration.

**Teleconsulting or virtual consulting**

Includes all forms of electronic/digital communication with patients that is not 'in-person' face to face contact.

**Unscheduled care**

Scheduled care is defined as work undertaken during the scheduled opening hours of the practice (Monday to Sunday 08.00 - 20.00) where registered patients are seen by appointment and where staff have access to the patient's full general practice records. Unscheduled care is anything that falls outside of scheduled care. This includes care given at any time in walk-in/urgent care centres, and consultations (via any format) at any time of day without full general practice records.

**Medical Protection**

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

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