Please print your answers clearly, using a black or blue pen. Please complete all sections of this form, read the declaration and agreement on page 15 and sign the statement at the bottom of page 3. Incomplete or unsigned forms cannot be processed and will be returned.

If you require any help completing this form please contact us.

Call our freephone membership helpline:

0800 716 376 Lines are open 8am to 6pm, Mon-Fri (except bank holidays).

or

Visit our website

themdu.com for details of your local MDU GP liaison manager.

Before returning this form to us check you have:

• completed each relevant section
• completed your payment choice
• signed the statement on page 3

Return the completed form to:

FREEPOST MDU SERVICES LIMITED (no further address details required) or email to membership@themdu.com

Other application forms available from our website themdu.com are:

Hospital Doctors including training grades and SAS doctors
Consultants and Specialists
Nurses, Practice Managers and Other Healthcare Professionals
## Personal details

**Date of birth**

| D | D | M | M | Y | Y |

Former MDU number (if applicable)

**Title**

|  |

**Forenames**

|  |

**Surname**

|  |

**Previous surname (if applicable)**

|  |

**Gender**

| M | F |

**Home address**

|  |

**Postcode:**

|  |

Correspondence will be sent to this address unless indicated in F5G.

**Preferred email**

(please tick home or work)

| H | W |

**Secondary email**

(please tick home or work)

| H | W |

**Contact number(s)**

| Mobile | Alternative |

(please tick home or work)

| H | W |

## Academic details

**Country of qualification**

|  |

**Name of training establishment**

|  |

**Date of qualification**

|  |

**Qualifications obtained**

|  |

## Previous professional indemnity history (since qualification)

Please complete all sections of the table below to confirm full details of all your indemnity/insurance providers since qualification.

**All dates** should be accounted for, including periods when you were not working (e.g. parental leave) or had indemnity provided by your employer (e.g. indemnity from NHS bodies) or indemnity was not required in the country you were working in.

| Start date | End date | Indemnifier name (and address if not UK) or reason for gap | Registration no / Membership no |

You may wish to contact your previous indemnity provider(s) directly to request a letter of good standing; this will help with the application process.

## Other details

**GMC registration number**

|  |

**Do you have ‘registration with a licence to practise’**

|  |

**or ‘registration only’?**

|  |

**Are you on the GMC GP Register?**

| N | Y |

**Are you on a performers list?**

| N | Y |

## Please complete the form and sign below

I confirm that the information provided within this form is complete and an accurate representation of my practice. I consent to all use and processing of my personal data in accordance with the terms of the MDU/DDU’s privacy policy. I agree to receive notices, documents and other information from the MDU by electronic communication unless I have indicated otherwise on page 15.

I authorise and request my current and any former medical defence organisation, insurance company or indemnity provider to release to MDU Services Ltd information regarding my membership or my insurance or indemnity contract, complaints of a medico-legal nature, claims or actions for damages or compensation, past or present, during my period of membership and/or indemnity, whether or not there has been a final resolution, and I consent to the disclosure of such information to the MDU.

Signature

|  |

Date

| D | D | M | M | Y | Y |
Please read questions E1 to E11 carefully. Any misrepresentation or omission of information may lead to the rejection of your application, subsequent termination of membership or withdrawal or denial of benefits.

If in doubt, tick ‘yes’

If you answer ‘yes’ to any question, please provide details on page 5 including:

- Question number
- Relevant dates of incident(s), hearing(s) etc.
- The nature of the matter in question
- The status of the matter? Potential issue/ongoing matter/concluded
- If concluded, please advise how was the matter was resolved
- Whether you were assisted by an insurer, medical defence organisation or other body

We may telephone you during the processing of your application.

E1 Have you, in the last 10 years, had any complaints or claims brought or threatened against you, irrespective of their merits or seriousness?  

E2 Have any concerns ever been raised about your conduct, clinical practice or performance, educational progress, business administration or probity by an employer, medical school, NHS trust, clinical colleague or any other body? (e.g. Care Quality Commission or a private hospital)

E3 Have you ever been the subject of an investigation or action under a disciplinary process or the NHS Performers List Regulations, irrespective of the merits or seriousness of the matter that led to this?

E4 Have you ever been suspended or dismissed from a post or had practice privileges or admitting rights withdrawn, suspended or made subject to restrictions or conditions?

E5 Have you ever been the subject of an investigation or an adverse finding by a registration or licensing body? (e.g. GMC/GDC – case examiner stage onwards) or any other body, e.g. the National Clinical Assessment Service or a Royal College)

E6 Have you ever had any condition, undertakings or restrictions imposed on your registration or licence to practise, or been removed, refused or erased from registration, or had a licence to practise withdrawn or refused, by a registration or licencing body?

E7 Are you aware of any incidents or circumstances involving you, irrespective of their seriousness, which could lead to an investigation, complaint, claim, disciplinary action, legal dispute, suspension from practice, imposition of restrictions or conditions on your registration or licence to practise, or your removal from a professional register or of your licence to practise, by a registration body?

E8 Have you ever been charged with, or convicted of, a criminal offence, or received a formal Police Caution? (Including any motoring offence even if you were fined but not imprisoned but excluding fixed penalty notices for speeding offences or parking tickets. You should not disclose any cautions or convictions which are ‘protected’ under the 2013 amendment to the Rehabilitation of Offenders Act 1974 Exceptions Order 1975)

E9 Has any professional indemnity insurer or medical defence organisation ever declined to indemnify you, required special terms to indemnify you, cancelled or refused to renew your policy or membership or charged you an additional premium/subscription?

E10 Have you ever been bankrupt or subject to insolvency proceedings, or entered into or proposed any voluntary arrangement with creditors?

E11 Are there are any other facts or circumstances that may be relevant to our considering your application? If so, please provide details
<table>
<thead>
<tr>
<th>Question number</th>
<th></th>
</tr>
</thead>
</table>

Please continue on a separate sheet if necessary.
Please indicate below your type of work and the number of contracted 4 hour sessions per week you work.

Note for all GPs (except GP locums): if you undertake work outside of, or in addition to, your contracted sessions you should calculate the average number of additional 4 hour sessions worked per week and add this figure to your contracted sessions (see below for instructions on how to calculate average weekly sessions). Likewise if you have time away from the practice through extended holiday, sabbatical, study leave or other reason such that your average weekly sessions is substantively different from the contracted ones, you should calculate the number of sessions based on the formula below.

Please exclude any work you have listed in questions F3A to F5F from the table below.

<table>
<thead>
<tr>
<th>Type of work</th>
<th>No. of sessions per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal/Partner</td>
<td></td>
</tr>
<tr>
<td>Non-principal</td>
<td></td>
</tr>
<tr>
<td>Locum</td>
<td></td>
</tr>
<tr>
<td>Out-of-hours GP</td>
<td></td>
</tr>
<tr>
<td>Private GP</td>
<td></td>
</tr>
</tbody>
</table>

If you are an employed private GP, please also answer the following:

Name of the employer: 

In respect of claims arising, is your work indemnified through an employers indemnity scheme?

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>If not, do you require access to indemnity from the MDU?</td>
<td>N</td>
<td>Y</td>
</tr>
</tbody>
</table>

Where we have asked you to calculate an average number of sessions worked per week, please use the following calculation:

\[
\text{Average weekly sessions worked} = \frac{\text{Hours per week worked} \times \text{Weeks per year worked}}{52} + 4
\]

F2 Other GP work

<table>
<thead>
<tr>
<th>Type of work</th>
<th>Number of sessions per week</th>
<th>Doctors retainer scheme</th>
<th>Number of sessions per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust indemnified</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic GP</td>
<td></td>
<td>GP career start scheme</td>
<td></td>
</tr>
<tr>
<td>Other GP schemes</td>
<td></td>
<td>Please give details of other scheme</td>
<td></td>
</tr>
</tbody>
</table>
**Work circumstances (continued...)**

**F3 Questions for all GPs**

**F3A** Are you active as a GP specialist (GPwSI)? (if not, please go to F3B)

Do you have formal accreditation from the local health board or commissioning board for this role?

Please indicate the areas in which you specialise

Number of hours per week and income as an NHS GPwSI **not** indemnified by an NHS body

(e.g. most primary care settings)

Please exclude this work from question F1

Number of hours per week and annual income as a private GPwSI **not** indemnified by an NHS body

**F3B** Do you perform surgical procedures as part of your general practice work?

If ‘yes’, do you undertake any of the following procedures?

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Hours per week</th>
<th>Gross* annual income</th>
<th>Net* annual income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspiration of cyst or bursa</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Curretage and diathermy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ingrowing toenail surgery (removing of nail only - not nailbed)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sebaceous cysts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small lipomas</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cryotherapy (e.g. of warts, verrucae, molluscum contagiosum)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drainage of hydrocoele</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intra articular injections</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small ‘lumps and bumps’</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If ‘yes’, please give your annual gross* and net* income from this group of procedures, and also the time you spend undertaking them:

<table>
<thead>
<tr>
<th>Hours per week</th>
<th>Gross* annual income</th>
<th>Net* annual income</th>
</tr>
</thead>
</table>

If you undertake any other surgical procedures that are not on this list, please provide details in the table below. Please continue on a separate sheet if necessary. We may telephone you during the processing of your application form to discuss your work further.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Hours per week</th>
<th>Gross* annual income</th>
<th>Net* annual income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspiration of cyst or bursa</td>
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<tr>
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<td></td>
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<tr>
<td>Ingrowing toenail surgery (removing of nail only - not nailbed)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<tr>
<td>Small lipomas</td>
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<td></td>
</tr>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Intra articular injections</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Small ‘lumps and bumps’</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please exclude this work from question F1

**F3C** Do you place subcutaneous or intra-uterine contraceptive devices?

If ‘yes’, do you hold a current letter of competence from the RCOG Faculty of Sexual & Reproductive Healthcare or **equivalent** proof of suitable training?

**F3D** Do you undertake any work as a Prison Medical Officer?

If ‘yes’, on average how many hours do you undertake per month?

Please exclude this work from question F1

* See page 8 for details on how we calculate gross and net income
**Work circumstances (continued...)**

**F3E** Do you undertake any work as a Forensic Medical Examiner (FME)/Police Surgeon?  
If ‘yes’, how many hours do you spend each week, on average, undertaking FME/Police Surgeon work?  
Please only include the time you spend with patients and the time, when the patient is not present, that you spend writing up notes and doing other patient related administration work.  
Please exclude this work from question F1.

**F3F** Do you undertake medico-legal work? (acting as an expert)  
If ‘yes’, on average how many hours per week do you spend doing medico-legal work?  
What is your annual income from medico-legal work?  
<table>
<thead>
<tr>
<th>Gross* annual income</th>
<th>Net* annual income</th>
</tr>
</thead>
</table>

Please exclude this work from question F1.

* See page 8 for details on calculating gross and net income.

**F3G** Do you provide intrapartum care which is not indemnified by NHS bodies?  
If ‘yes’, please specify the number of deliveries per year  
Do you undertake medical terminations?  
If ‘yes’, please provide your gross and net income and hours.  
<table>
<thead>
<tr>
<th>Hours per week</th>
<th>Gross* annual income</th>
<th>Net* annual income</th>
</tr>
</thead>
</table>

Please exclude this work from question F1.

**F3H** Do you do any non clinical work in your role as a doctor for which you require access to MDU indemnity?  
If ‘yes’, please give details, making sure to include the type of work, the average number of hours per week you spend doing it and your gross* and net* income from the work.  
* See page 8 for details on calculating gross and net income.

<table>
<thead>
<tr>
<th>Type of work</th>
<th>Hours per week</th>
<th>Gross* annual income</th>
<th>Net* annual income</th>
</tr>
</thead>
</table>

Please exclude this work from question F1.
### Work circumstances (continued...)

#### F4 GPSTs

Please use the tables below to detail your work for the forthcoming year.

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Grade</th>
<th>Type of Work (For each placement, please only select one type of work)</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ /</td>
<td>GPST1</td>
<td>Hospital Doctor</td>
</tr>
<tr>
<td>End Date</td>
<td>GPST2</td>
<td>GP practice without NHS indemnity</td>
</tr>
<tr>
<td>/ /</td>
<td>GPST3</td>
<td>Number of contracted hours per week</td>
</tr>
</tbody>
</table>

If you have more than two placements in the forthcoming year, please provide details on a separate sheet of paper to include start and end dates, grade and type of work.

What is the name of your local education and training board/deanery?

#### F5 All applicants

*Some MDU subscriptions are income related.* If we ask for your gross income, we mean the gross annual income generated from your work, whether or not you receive any or all of this. However, before calculating the subscription due we allow deductions for reasonable expenses up to a maximum of 50% of the gross figure. Expenses deducted must be wholly, exclusively and necessarily incurred for the purpose of clinical practice. If we ask for your net income, we mean your gross annual income minus deductions for reasonable expenses as described above, but before tax is deducted. Please be aware that you need to declare your income for your MDU membership year (and not your tax year), and that you may be required to provide documentation to support the expenses calculations. The MDU is aware that practice expenses may differ between specialties.

**F5A** Do you undertake any work in the Republic of Ireland or in any other overseas country?

| N | Y |

If ‘yes’, do you require access to indemnity from the MDU?

If ‘yes’, please call the membership team on 0800 716 376 to discuss.

**F5B** Do you have any arrangement (contractual or not) with a club/organisation to assess and/or treat professional sportsmen or women?

If ‘yes’, do you require access to indemnity from the MDU?

| N | Y |

If ‘yes’, please provide the club or organisation name, the number of days per year and your income from this (gross* and net*)

| Club/Organisation name | Days per year | Gross* annual income | Net* annual income |

Please exclude this work from question F1

If ‘yes’, and you are a GPST, is there any supervision in place?

| N | Y |

If ‘yes’, what level of supervision?

Direct supervision | Onsite supervision | Telephone supervision

What is the grade of the supervisor? (e.g. Consultant, GP etc.)
FSC
Do you undertake online advice / prescribing or e-consultations? [N Y]
   If ‘no’ please go to question F5D
   How many hours per week do you spend undertaking this work? 
   Do you provide patient specific advice? [N Y]
   Do you provide general health advice? [N Y]
   Do you prescribe? [N Y]
   For which company do you provide the service?
   Will an assessment of the patient be undertaken either in person or verbally? [N Y]
   Will you be providing advice / prescribing to patients outside the UK? [N Y]
   If ‘yes’ which country?
   Are the patients on your individual list / listed at the practice? [N Y]
   If ‘no’, are patients required to opt-in or opt-out of communication with their own GP? [N Y]
   If ‘no’ what arrangements are in place for communication with patient's own GP?
   Company website address:

F5D
Do you prescribe alternative or complementary medicines or carry out alternative or complementary procedures? [N Y]
   If ‘yes’, do you require access to indemnity from the MDU? [N Y]
   If ‘yes’, please list the procedures and indicate your hours per week and income from each (gross* and net*)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Hours per week</th>
<th>Gross* annual income</th>
<th>Net* annual income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please exclude this work from question F1
**Work circumstances (continued...)**

**F5E**
Do you carry out cosmetic procedures? (We define a cosmetic procedure as one where the primary purpose is to alter the aesthetic appearance of the patient rather than treat pathology)

If 'yes', do you require access to indemnity from the MDU?  

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Y</th>
</tr>
</thead>
</table>

If 'yes', do you do any of the following:

- Botulinum toxin
- FDA approved temporary dermal fillers (including Collagen)
- IPL
- Microdermabrasion
- Superficial facial peels (not using TCA)
- Thread vein work

If 'yes', please give your annual gross* and net* income from this group of procedures:

<table>
<thead>
<tr>
<th>Gross* annual income</th>
<th>Net* annual income</th>
</tr>
</thead>
</table>

Please exclude this work from question F1

Do you carry out any other cosmetic procedures?  

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Y</th>
</tr>
</thead>
</table>

If 'yes', please provide details below:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Gross* annual income</th>
<th>Net* annual income</th>
</tr>
</thead>
</table>

Please exclude this work from question F1

*See page 8 for details on how we calculate gross and net income.

**F5F**
Do you do anything which would not normally fall within the remit of General Practice, or any other work, which you have not already told us about?

If 'yes', do you require access to indemnity from the MDU?  

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Y</th>
</tr>
</thead>
</table>

If 'yes', please give full details including volume and income (gross* and net*)

<table>
<thead>
<tr>
<th>Type of work</th>
<th>Volume</th>
<th>Gross* annual income</th>
<th>Net* annual income</th>
</tr>
</thead>
</table>

Please exclude this work from question F1
Work circumstances (continued...)

Please provide details of the location of all work you have advised us of in this form.

**Type of work** (such as GP principal or GP locum)

|                | One location | N | Y | Postcode: 
|----------------|--------------|---|---|----------
|                |              |   |   |          

If ‘yes’ please provide address and tick if this is your preferred address for correspondence

<table>
<thead>
<tr>
<th>Region</th>
<th>England and Wales</th>
<th>Isle of Man</th>
<th>Northern Ireland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Channel Islands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scotland</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If you work in more than one region, we may telephone you during the processing of your application form to discuss your work further.*
**G Why have you chosen to apply for MDU membership?**

Please tick all that apply

- Reputation of the MDU as established UK market leader
- Dissatisfaction with previous indemnity provider
- Please provide GROUPCARE scheme number
- Other (please give details in space provided)

**H Services - text alerts**

We can send important text alerts to your mobile phone provided you have given us your mobile number on page 3. Please indicate below if you would like to opt in to text alerts. You can stop text alerts at any time in the ‘My membership’ section of our website.

- [ ] Notification regarding your MDU renewal

**I Paying your subscription**

Your prospective membership will commence from the date that your completed application form is received by our membership department unless you specify a start date after this. This does not constitute acceptance of your membership, however, we will notify you if and when this is successful. Should you require your prospective membership to commence from today, please complete the ‘Get a quote’ form at themdu.com/quote, or call the freephone membership helpline on 0800 716 376. Lines are open Mon to Fri, 8am to 6pm (except bank holidays).

Date membership to commence:  

- [ ] Immediately:  
- Future date:  D D M M Y Y

Please be aware that subject to the information you provide and the date you submit your application, your subscription rate may change. If this is the case you will be informed prior to being accepted into membership.

Please note that processing of your payment does not constitute acceptance of your application for membership. Your payment will be refunded if your application is not successful. For your peace of mind you can pay by Direct Debit. We can debit the full amount from your account each year (see section J). You only need to fill in the mandate once and it will continue from year to year. You are protected by the Direct Debit safeguards and can cancel your authority at any time by contacting your bank or building society.

**Payment options:**

- Annual Direct Debit (single annual payment of full amount) - Please complete section J
- Monthly Payment Option - Please complete section K
- Alternative Options - Please complete section L
J  Annual Direct Debit payment option

Please do not complete the annual Direct Debit mandate for a monthly payment option, as this only applies to single annual payment of the full amount.

**Annual Direct Debit mandate.** Instructions to your bank/building society to pay by Direct Debit:
Please complete parts J1-J4 to make payments directly from your account

**J1**
Full name and postal address of bank/building society - including postcode:

**Postcode (required):**

**J2**
Name of the account holder

**J3**
Bank/building society account number: ___ ___ ___ ___ ___ ___ ___
Bank/building society sort code: ___ ___ ___ ___ ___ ___ ___ ___

Originator’s identification number: 991121

**J4**
Your instruction to the bank/building society and signature:

- I instruct you to pay Direct Debts from my account at the request of MDU Services Limited
- The amounts are variable and may be debited on various dates
- I understand that MDU Services Limited may change the amounts and dates only after giving me prior notice
- I will inform the bank/building society in writing if I wish to cancel this instruction
- I understand that if any Direct Debit is paid which breaks the terms of the instructions, the bank/building society will make a refund

Signature ______________________________ Date __ __ __ __ __ __ __ __ __ __ __

**Direct Debit Guarantee**

- This guarantee is offered by all banks and building societies that accept instructions to pay Direct Debts.
- If there are any changes to the amount, date or frequency of your Direct Debit MDU Services Limited will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request MDU Services Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by MDU Services Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when MDU Services Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

K  Monthly payments option

(Credit agreement provided by Premium Credit Limited)

- Monthly instalments (no immediate payment is required).

Have you incurred more than three CCJs against you within the last two years that have not been satisfied?

- Y Please choose an alternative payment option
- N We will contact you once your application has been processed to set this up

Please note that if you choose to pay by monthly instalments, Premium Credit Limited will send you the credit agreement with payment details before payments are taken. They will apply a small interest charge. Payment will be taken over 10 months.

L  Alternative payment options

- Cheque. Please enclose a cheque made payable to ‘MDU Services Ltd’.
- Debit/credit cards. Single annual payment of full amount. We will contact you for payment once your application has been processed. Please ensure you have provided your telephone number in section A.
Declaration and agreement

I hereby apply for membership of The Medical Defence Union Limited (the MDU), in accordance with its Memorandum and Articles of Association.

I understand and acknowledge that

- MDU Services Limited (MDUSL) is the service company for the MDU and any notices or information which I am required to give to the MDU should be sent to MDUSL;
- benefits of membership of the MDU are discretionary and are subject to its Memorandum and Articles of Association;
- benefits may be granted to me only as long as I comply with the laws on registration and licensing in force in any country where I practise or engage in postgraduate study;
- removal from a professional register (even if voluntary) or any change in registration should be notified to MDU Services Limited (MDUSL) as this will affect membership;
- with the exception of Good Samaritan acts, the benefits of membership do not extend to any practice undertaken in the USA or Canada or any litigation which may arise in these countries or in the territories and principal island groups under their sovereignty. Restrictions also apply for other countries;
- I must notify MDUSL in writing of any change in address, country or practice or any other circumstance which may be relevant to membership;
- a condition of membership of the MDU is that any misrepresentation or misstatement in, or omission of, any information which is likely to influence the acceptance or assessment of this application, whether intentional or not, is cause for immediate rejection of this application or termination of membership and that in such circumstances all benefits of membership of the MDU may be withdrawn or denied.

I declare that to the best of my knowledge and belief the information provided in connection with this application, whether in my own hand or not, is true and I have not withheld any material facts.

Third party reimbursements

I understand and acknowledge that, should a third party pay my membership subscription on my behalf, any reimbursement of that subscription will be returned to that third party unless I notify you in writing to the contrary.

Third party authorisation

Please tick if you authorise a third party to:

- discuss only
- discuss and amend

your membership after membership has been confirmed.

Please provide the third party's

First name __________________________
Surname __________________________

Please provide a password that the person named above will need to give when discussing or amending your membership on your behalf __________________________

Data protection

Note: The MDU/DDU’s privacy policy, which can be found on the MDU website at themdu.com/privacy sets out:

- that the MDU/DDU, MDUSL and other Permitted Users will keep and use your personal information;
- the purposes for which your personal information will be used and what the MDU/DDU and MDUSL can send to you, including marketing communications.

Please read the privacy policy carefully as your signature of the declaration on page 3 of this application is your consent to the way in which your personal data may be used.

Communications

We will send you materials we think will be of interest to you. You can choose NOT to receive these by ticking below or, at any time in the future, updating your preferences on the MDU website at themdu.com

You may also write to the membership team at One Canada Square, London E14 5GS or email membership@themdu.com

I do NOT wish to receive:

- marketing communications about similar products and services.
- email marketing communications. This does not include medico-legal updates and information about managing your membership.

Statutory communications

I agree to:

- having access to the MDU’s annual accounts, directors’ report and auditor’s report, and any other documents or information sent or supplied by the MDU, on the MDU website at themdu.com;
- notice of general meetings of the MDU being given to me by access on the MDU website, together with details of any proxy appointment deadlines;
- being notified by electronic mail of the publication or availability of notice of general meetings, or any other documents or information sent or supplied by the MDU, on the MDU website, the address of the website, the place on the website where the documents or information may be accessed and how the documents or information may be accessed;
- being sent or supplied by the MDU with notice of general meetings or any documents or information, by electronic mail;
- notify MDUSL of my email address, which may be used for sending electronic mail for the above purposes. Any email address given by me elsewhere on this form is the relevant email address for this purpose, until I notify any change.

I understand that if the MDU does not have my email address, I will receive notification by post instead of electronically.

- notify MDUSL of changes in my email address.

Further information on electronic communication and statutory information, including any system requirements, is available at themdu.com/agm

As a not for profit, mutual membership organisation we have to send you statutory communications. If you DO NOT wish to receive statutory communications electronically, tick here and it will be sent to you by post.
How to contact us

Membership
- 0800 716 376
- membership@themdu.com

Medico-legal team
- 0800 716 646
- advisory@themdu.com

Your feedback
Give us your feedback about the MDU
themdu.com/feedback

Website
themdu.com