



MDU

Application form

Nurses, practice managers
and other healthcare
professionals

-
- Please print your answers clearly, using a black or blue pen.
 - Please complete all sections of this form, read the declaration and agreement and sign the statement on page 15.
 - 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 liaison manager.

Before returning this form to us check you have;

- completed each relevant section
 - completed your payment choice
 - signed the statement on page 15
-

Return completed form to:

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

A Personal details

Please write in CAPITALS

Date of birth Former MDU number (if applicable)

Title _____ Surname _____

Forenames _____ Previous surname (if applicable) _____ Gender

Home address _____

Postcode: _____

Correspondence will be sent to this address unless indicated in H1

Preferred email _____ (Please tick home or work)

Secondary email _____ (Please tick home or work)

Contact number(s) Mobile _____ Alternative _____ (Please tick home or work)

B Academic details

Please write in CAPITALS

| Country of qualification | Name of training establishment | Date of qualification | Qualifications obtained |
|--------------------------|--------------------------------|-----------------------|-------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

C Previous professional indemnity history (since qualification)

Please write in CAPITALS

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)
- 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.

D Other details

Please write in CAPITALS

Registration number

Registration body _____

Registration start date

Communication

Get the latest medico-legal advice straight to your inbox. In an ever changing landscape, it's important to keep up to date with the latest guidance affecting your profession. Below are communications we think you may be interested in. You can select the communications you'd like to receive.

| | | | |
|---|---|---|---|
| Emails offering the latest medico-legal advice, member case studies, ethical dilemmas and our digital journal | <input type="text"/> <input type="text"/> | Emails about similar products and services, member benefits and offers (including courses, online learning and discounts available) | <input type="text"/> <input type="text"/> |
| Postal communications with information on similar products and services | <input type="text"/> <input type="text"/> | Text alerts regarding your MDU renewal | <input type="text"/> <input type="text"/> |

Once your application has been processed, you can update your communication preferences at any time. Simply log in to My membership at themdu.com or email membership@themdu.com

E General questions

Please tick relevant answer



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 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 | In the last 10 years, have you had any complaints or claims brought or threatened against you, irrespective of their merits or seriousness? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| E2 | Have any concerns ever been raised about your personal or professional conduct, clinical work, educational progress or probity by an employer, academic body, NHS trust, healthcare provider or any other body? (e.g. fitness to practise or disciplinary matters, Care Quality Commission, Healthcare Improvement Scotland or Wales, RQIA or a private hospital) | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 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? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 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? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| E5 | Have you ever been the subject of an investigation or an adverse finding by a registration or licensing body? (e.g. GMC, NMC, GDC – case examiner stage onwards, including any Fitness to Practise procedures or any other body, e.g. the National Clinical Assessment Service or a Royal College) | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 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 licensing body? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 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? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| E8 | Have you ever been charged with, or convicted of, a criminal offence, or received a formal Police Caution? We need your consent to process information about spent criminal convictions and police charges to assess the accuracy of events notifiable to Medical Regulators of fitness to practise. I consent to my information being processed for this purpose. <input type="checkbox"/> Include any motoring offence even if you were fined but not imprisoned but exclude 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. | <input type="checkbox"/> Y | <input type="checkbox"/> Y |
| E9 | Has any professional indemnity provider ever declined to indemnify you, required special terms to indemnify you, cancelled or refused to renew indemnity or charged you an additional premium/subscription? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| E10 | Have you ever been bankrupt or subject to insolvency proceedings, or entered into or proposed any voluntary arrangement with creditors? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| E11 | Other than information you have already notified us of in this application, have you sought any assistance from an indemnity provider in the past 10 years (other than telephone advice) or are you aware of any reason that you may need to do so? | <input type="checkbox"/> Y | <input type="checkbox"/> N |



Additional information for section E

Question
number

| | |
|--|--|
| | |
|--|--|

Please continue on a separate sheet if necessary.

F Work circumstances

F1 Nurse work

Please detail below all the work you undertake **for which you require access to indemnity from the MDU.**

| | Job Category | Main role (Role 1) | Additional role (Role 2) | Additional role (Role 3) |
|---|--|--------------------|--------------------------|--------------------------|
| Nurses | Practice Nurse | | | |
| | Practice Nurse in extended role | | | |
| | Nurse Practitioner | | | |
| | Advanced Nurse Practitioner [†] | | | |
| | Other advanced nursing role, please specify job title [†] | | | |
| | Health Visitor | | | |
| | Community Nurse | | | |
| | Hospital Nurse | | | |
| | Occupational Health Nurse | | | |
| | Other nursing role, please specify job title | | | |
| | Other roles | Practice manager | | |
| Phlebotomist | | | | |
| Physiotherapist | | | | |
| Perfusionist | | | | |
| Surgical Care Practitioner | | | | |
| Radiographer | | | | |
| Sonographer | | | | |
| Fetal Sonographer | | | | |
| Operating department practitioner | | | | |
| Other, please specify job title | | | | |

F Work circumstances (continued...)

F2 Other nurse work

Please answer each question for each role you have indicated in question F1.

| | | Main role (Role 1) | Additional role (Role 2) | Additional role (Role 3) |
|---|---|-----------------------|-----------------------------|-----------------------------|
| What setting is this role in? | GP Surgery | | | |
| | Private GP Surgery | | | |
| | GP out of hours service [†] | | | |
| | Minor injury/illness unit [†] | | | |
| | Walk-in centre [†] | | | |
| | Community based | | | |
| | NHS Hospital | | | |
| | Private Hospital | | | |
| | Prison | | | |
| | Hospice | | | |
| | Clinic | | | |
| | Armed forces facility | | | |
| | Work for a company | | | |
| | Other, please specify | | | |
| | | | | |
| Is this service GP or Nurse led? | GP led | | | |
| | Nurse led | | | |
| What level of indemnity is already in place for this role? | Indemnity (for claims only) from an NHS body or similar | | | |
| | Vicarious indemnity via an employing doctors indemnity | | | |
| | No indemnity | | | |
| | Other, please specify | | | |
| | | | | |
| How many hours per week do you undertake this role? | | hrs | hrs | hrs |

If you undertake any work above marked with a (†), please indicate your income below.

| | | | | |
|---|--------|--|--|--|
| Non indemnified income from this role per year | Gross* | | | |
| | Net* | | | |

* Non-indemnified income is defined as your pre-tax earnings from any medical work undertaken where no other form of indemnity is in place e.g. indemnity provided by an NHS body. 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.

F Work circumstances (continued...)

F3 Occupational Health Nurses only

Are you? employed or self-employed
 Are you? supervised or unsupervised

F4 Partner/Director

Are you a partner or director in the practice such that you have responsibilities as an employer of practice staff? Y N

If any of your roles are listed under Nurses in table F1, please go to section G. Other applicants, please go to section H.

G Nurses duties

Section G must be completed for each nurse role for which you are applying for MDU membership. If necessary, please copy section G for additional roles, clearly labeling each page to reflect the job role, your name and your date of birth.

Please enclose a copy of your job description if any of your answers to section G are 'yes', and/or your job role is **advanced nurse practitioner** or another **advanced nursing role**.

For use on copies only Name
 Date of birth Job role

G1 Do you prescribe from either the INDEPENDENT or SUPPLEMENTARY nurse prescribers list?

N If 'no', go to question G2 Y If 'yes', please confirm Independent
 Supplementary

Are the patients registered to your practice and/or are you able to assess the patient's full medical history? Y N

Have you had specific training in order to do this? Y N

If 'yes', please list details including any recognised qualifications obtained

Do you have a doctor available for advice at all times? Y N

Do you work to a protocol agreed with a doctor? Y N

G2 Do you assess and decide on treatment of patients in a minor illness, triage or other diagnostic clinic?

Please note that you do not need to answer 'yes' if you only undertake such work in a chronic disease clinic (e.g. asthma, COPD, diabetes), or in relation to dressings.

N If 'no', go to question G3 Y If 'yes', please detail the type of work undertaken:

Are the patients registered to your practice and/or are you able to assess the patient's full medical history? Y N

Have you had specific training in order to do this? Y N

If 'yes', please list details including any recognised qualifications obtained

Do you have a doctor available for advice at all times? Y N

Do you work to a protocol agreed with a doctor? Y N

G Nurses duties (continued...)

G3 Do you undertake antenatal examinations?

 N

If 'no', go to question G4

 Y

If 'yes', please list details and specify types of work

Are the patients registered to your practice and/or are you able to assess the patient's full medical history?

 Y N

Have you had specific training in order to do this?

 Y N

If 'yes', please list details including any recognised qualifications obtained

Do you have a doctor available for advice at all times?

 Y N

Do you work to a protocol agreed with a doctor?

 Y N

Please note - The MDU does not provide professional indemnity for the practice of midwifery or for nurses involved in dedicated (routine, planned or anticipated) antenatal or perinatal obstetric care.

G4 Do you undertake postnatal examinations?

 N

If 'no', go to question G5a

 Y

Yes

Are these undertaken on the mother only?

 Y N

If not undertaken on the mother only:

Are the patients registered to your practice or are you able to assess the patient's full medical history?

 Y N

Have you had specific training in order to do this?

 Y N

If 'yes', please list details including any recognised qualifications obtained

Do you have a doctor available for advice at all times?

 Y N

Do you work to a protocol agreed with a doctor?

 Y N

G5a Do you undertake any of the following surgical or practical procedures?

 Y N

Aspiration of cyst or bursa

Curette and diathermy

Ingrowing toenail surgery (removing of nail only - not nailbed)

Sebaceous cysts

Small lipomas

Cryotherapy (e.g. of warts, verrucae, molluscum contagiosum)

Drainage of hydrocoele

Intra articular injections

Small 'lumps and bumps'

If 'yes':

Are the patients registered to your practice or are you able to assess the patient's full medical history?

 Y N

Have you had specific training in order to do this?

 Y N

If 'yes', please list details including any recognised qualifications obtained

Do you have a doctor available for advice at all times?

 Y N

Do you work to a protocol agreed with a doctor?

 Y N

Will all lesions be reviewed first by a doctor?

 Y N

G Nurses duties (continued...)

G5b Do you undertake any other surgical procedures that are not on the list above?

Y N

If 'yes', 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.

| Procedure | Hours per week | Gross* annual income | Net* annual income |
|-----------|----------------|----------------------|--------------------|
| | | | |
| | | | |
| | | | |

G6 Do you have any other clinical work or do anything which is not classified as normal for your role, for which you require access to indemnity from the MDU?

N

If 'no', go to question H1

Y

If 'yes', please name each task and answer all the questions below for each additional task. Please continue on a blank sheet of paper if necessary including the question number and job role it relates to.

Are the patients registered to your practice or are you able to assess the patient's full medical history?

Y N

Have you had specific training in order to do this?

Y N

If 'yes', please list details including any recognised qualifications obtained

Do you have a doctor available for advice at all times?

Y N

Do you work to a protocol agreed with a doctor?

Y N

H All applicants

H1 Please provide details of the location of all work you have advised us of in this form.

Role 1

A single location

Y N

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

Postcode: _____

Multiple locations

Y N

If you work in multiple locations, we may telephone you during the processing of your application form to discuss your work further.

Role 2

A single location

Y N

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

Postcode: _____

Multiple locations

Y N

If you work in multiple locations, we may telephone you during the processing of your application form to discuss your work further.

Role 3

A single location

Y N

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

Postcode: _____

Multiple locations

Y N

If you work in multiple locations, we may telephone you during the processing of your application form to discuss your work further.

H All applicants (continued...)

H2 Do you do any of the following, and require indemnity from the MDU for this work?

Alternative or complementary medicine or procedures

 Y N

Cosmetic work

 Y N

Bariatric/weightloss procedures including gastric band adjustment

 Y N

Online advice and prescribing

 Y N

Overseas work

 Y N

Slimming Clinics

 Y N

Other clinical work, not mentioned elsewhere

 Y N

If so, we will telephone you during the processing of your application form to discuss your work further.

I Why have you chosen to apply for MDU membership?

Please tick all that apply

Reputation of the MDU as established UK market leader

Subscription rates

Dissatisfaction with previous indemnity provider

Personal recommendation

Other

(please give details in space provided)

J How did you hear about us?

Please tick all that apply

MDU representative

MDU website

I am a previous member

Colleague

An article/advert

At an event

Other (please give details in space provided)

K 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 **call the freephone membership helpline on 0800 716 376**. Lines are open Mon to Fri, 8am to 6pm (except bank holidays).

Membership start date Immediately: Future date:

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 L). 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 L

Monthly payment option - Please complete section M

Alternative payment options - Please complete section N

MDU number of the member whose subscription is being paid



Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form using a ballpoint pen and return to: The MDU, One Canada Square, London E14 5GS

Premium Credit Ltd
Ermyn House, Ermyn Way,
Leatherhead, KT22 8UX

Name(s) of Account Holder(s)

Service user number

Reference (For office use only)

Bank/Building Society account number

Branch Sort Code

Instruction to your Bank or Your Building Society

Please pay Premium Credit Ltd Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Premium Credit Ltd and, if so, details will be passed electronically to my bank/building society.

Name and full postal address of your Bank or Building Society:

To: The Manager Bank/Building Society

Address:

Postcode

Account Holder
Signature(s)

Date

MDU MEMBER SIGNATURE - needed if above details are not the member's details.

I confirm I have read and understood the 'important information about monthly repayments' overleaf and consent to the setting up of a Credit Agreement with Premium Credit in my name for my MDU membership.

Signature Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of account.

This guarantee should be detached and retained by the payer.

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit, Premium Credit Ltd will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request Premium Credit Ltd 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 Premium Credit Ltd 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 Premium Credit Ltd 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 Premium Credit.



Important information about monthly repayments

If you have incurred more than three CCJs against you within the last two years that have not been satisfied, you will need to choose an alternative payment option.

Payment of your MDU subscription fees by monthly repayments requires you to enter into a separate credit agreement with a third party credit provider, Premium Credit Limited. MDU Services Ltd is not the lender.

It is important that you read this section about the Premium Credit agreement carefully. You should also read the pre-contract credit information provided with the credit agreement that Premium Credit will send you. They explain the key features of the credit agreement to help you decide whether their product is suitable for your needs and financial situation.

What the loan is for

The credit agreement can be used to finance membership subscriptions and any other amounts payable for changes to, or the renewal of, your membership.

Payments

The monthly repayment you will have to pay will be dependent on your subscription and the transaction fee (referred to as interest in our letters). For specific details, please call our freephone membership helpline on **0800 716 376**.

If there are changes to your subscription we will advise Premium Credit who will let you know how this affects your monthly payment schedule.

Features of the credit agreement that you should be aware of:

- You can only borrow up to your credit limit. Premium Credit may change the limit at any time.
- The agreement sets out all Premium Credit's standard charges but the **only** charge that applies for MDU membership is the transaction fee. Premium Credit will advise you of the amount.
- Visit **themdu.com/payments** to see the current transaction fee and a representative example. If you don't have access to the website, please contact the membership team for further information.
- Unless you tell Premium Credit otherwise they may communicate with you electronically using either your email address or any online portal that they set up or operate. Reducing paper is one of their green goals, so we ask that you support their environmentally friendly approach by signing your credit agreement electronically. The credit agreement is subject to English Law.

Consequences of non-payment

Failing to make a payment when it is due or if your Direct Debit Instruction is cancelled breaches the terms of the credit agreement and Premium Credit may take action to recover any outstanding amount from you. It may result in cancellation of the credit agreement and your MDU membership which is financed by it.

Right of withdrawal

You have the right to withdraw from the Premium Credit agreement before the end of 14 days, beginning with whichever is the later of the following – the day after

- the credit agreement is made;
- you receive Premium Credit's terms and conditions (and any other information which they are required to give you with those terms and conditions);
- they notify you of the Credit Limit (if they have told you what this is in the Agreement);

To exercise this right you must notify Premium Credit by emailing customer.services@pcl.co.uk or calling **0344 736 9826** or writing to them at Operations Centre, Premium Credit Limited, Ermyn House, Ermyn Way, Leatherhead, KT22 8UX.

You must pay the whole balance in full without undue delay and no later than 30 days after notifying them you wish to withdraw from the Agreement. If you do, no interest is payable on the balance. Payment must be by debit or credit card over the phone by calling the number provided above.

If you exercise your right to withdraw from the credit agreement you will need to find alternative means to pay for your MDU membership or there is a risk that it may be cancelled.

We use Premium Credit Limited, who is the lender, to finance exclusively. MDU Services Ltd are acting as the credit broker. We **do not** receive commission for introducing customers to them.

Data sharing

If you wish to pay your subscription fee by monthly repayments, we will pass your personal details to Premium Credit Limited in order for them to set up an agreement between you and them. The personal data we will share with Premium Credit Limited includes your contact information, date of birth and bank account details.

Before Premium Credit contacts you or accepts your application for credit, they will carry out credit-worthiness and affordability checks using your personal information to establish whether or not you are eligible to receive credit from them. These checks will leave a record on your credit file.

Further details are provided in Premium Credit's privacy policy available at premiumcredit.com/privacy-notice

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 for clinical activities undertaken by me, as long as I comply with the laws, registration, formal rules and guidance that apply to such activities;
- removal from a professional register (even if voluntary) or any restriction in registration/cessation of studies should be notified to MDUSL as this may 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. Student electives should be notified to MDUSL before departure;
- 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 is true and I have not withheld any material facts.

Third party reimbursements

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

Third party authorisation

You can authorise a third party to discuss or amend your membership record on your behalf. It is your responsibility to gain their agreement and advise them of the MDU's privacy policy.

Please tick if you authorise a third party to: discuss discuss and amend

Third party details:

First name _____

Last name _____

Authorisation password (for your own security do not use a personal password).

The authorised person will be asked for this password when contacting our membership team.

Tick here to remove all previous third party authorisation that may currently be on your record.

How your information will be used

- The Data Controller for your Data is the Medical Defence Union Limited. Our privacy policy sets out, in detail, what personal information we hold about you and how we use it.
- We will use your personal information for the purposes outlined in our privacy policy which include: to administer your membership and provide your benefits and services of membership including providing advice and to administer legal claims. Find out more at themdu.com/privacy
- We may share your personal information with third parties to assist with the provision of these services and only where the law permits.

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 to the MDU website, together with details of any proxy appointment deadlines
- being notified by email, with a link provided to the relevant information, 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
- notify MDUSL of my email address, which may be used for sending email 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 email
- notify MDUSL of changes in my email address.

Further information on 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 would prefer to receive statutory communications in paper please tick below.

I want a PAPER copy

Statement

I have read the information about how you use my personal data and understand that it will be used in accordance with the privacy policy. I confirm that the information provided within this form is complete and an accurate representation of my practice.

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 understand that if I do not provide my authority, this will be considered when processing my application and is likely to adversely affect the outcome of my application.

Signature _____

Date

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

How to contact us

Membership

t 0800 716 376

e membership@themdu.com

Advisory

t 0800 716 646

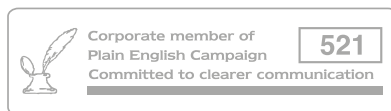
e advisory@themdu.com

Your feedback

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

Website

themdu.com



MDU Services Limited (MDUSL) is authorised and regulated by the Financial Conduct Authority for insurance mediation and consumer credit activities only. MDUSL is an agent for The Medical Defence Union Limited (MDU). MDU is not an insurance company. The benefits of MDU membership are all discretionary and are subject to the Memorandum and Articles of Association.

MDU Services Limited, registered in England 3957086. Registered Office: One Canada Square, London E14 5GS.