



**Application for membership** 

To set up **PRACTICE**CARE, all GP partners and salaried GPs at the practice must join the MDU, your practice must be located in Scotland. **PRACTICE**CARE provides benefits of membership to all MDU GPs in your practice, as well as providing indemnity benefits for other practice staff for which they are vicariously liable. The information provided on this form allows us to hold accurate records for the GPs.

# Information PRACTICECARE scheme membership

MDU membership and **PRACTICE**CARE benefits are only available to existing members and new applicants who are accepted into MDU membership. **PRACTICE**CARE benefits cannot be given retrospectively. The MDU reserves the right to add, withdraw or amend benefits of **PRACTICE**CARE at its discretion.

Visit **themdu.com/practicecare** for more information about the benefits available.

A Practice details		
Name of practice	Practice address	
Telephone number		
Email address		Postcode
Practice manager or PRACTICECARE scheme administrator		
If you have more than one practice manager working at the practice, please nominate one person to administer the scheme, including payment of membership subscriptions on behalf of the practice.	administer the scheme. The non	ninated practice manager will act on behalf of the practice to
Date of birth DD MM YY Y MDU number (if applicable)		Gender M F
Title Surname	Forenames	
Job title	Email address	
Current defence organisation (if not the MDU)		iry date of current medical defence (if not the MDU):
Declaration: I confirm the details contained on this form are correct. I confirm I am applying for form and that all those named are aware of this application and consent to the disclosure to the GPs in the practice. I will provide completed individual membership applications for GPs and o scheme is dependant on the MDU accepting individual applications.	e MDU of their personal data <sup>1</sup> .	I confirm that the practice will pay subscriptions on behalf of all
Signature:		Date: DD MM YY

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#### GPs (please copy and attach as separate sheet if required)

Session<sup>†</sup> information is required for all GP principals and GP non-principals at the practice.

	Former MDU number (if applicable)	Surname	Initials	Gender (M/F)	Job title (GP principal, GP non-principal)	GMC number	Current indemnity provider	Renewal/ expiry date of current indemnity
1								
2								
3								
4								
5								
6								
7								
8								

 $<sup>^{\</sup>dagger}$  Please see section E for information on calculating sessions.

#### Note for PRACTICECARE scheme administrators.

You may prefer to complete and return the **PRACTICE**CARE consent form with this application. This may make it easier to manage future changes to your scheme. The consent form can be downloaded from **themdu.com/practicecare** 

This scheme excludes GPSTs and locum GPs.

# D Nurse practitioners / Advanced nurse practitioners (please copy and attach as separate sheet if required)

The benefits of membership may extend to all practice staff for whom the GPs are vicariously liable.

Please provide the name(s) and details of all nurse practitioners and advanced nurse practitioners.

Former MDU number (if applicable)	Surname	Initials	Date of birth (DD/MM/YY)	Job title Nurse practicioner (NP) Advanced nurse practitioner (ANP)	NMC number	No of hours per week <sup>†</sup>	Current indemnity provider	Renewal/ expiry date of current indemnity
1								
2								
3								
4								
5								

# The number of practice managers, practice nurses, healthcare assistants, physician assistants and phlebotomists

	Role	FTE no of staff*
1	Practice managers	
2	Practice nurses	
3	Healthcare assistants	
4	Physician assistants	
5	Phlebotomists	

<sup>\*</sup>FTE - full time equivalent

#### **Sessional based subscriptions**

#### What is a session?

If you do work outside of or in addition to your contracted principal or non-principal sessions (but still at the same practice) you should calculate the average number of additional 4 hour sessions worked per week and add this figure to your contracted sessions. Likewise if you have a substantial amount of 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. Any additional work elsewhere needs to be added separately to your membership in the appropriate GP category.

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

Hours per week worked  $\mathbf{x}$  Weeks per year worked  $\div$  52  $\div$  4 = Average weekly sessions worked (excluding holidays and study leave)

- 1 The Medical Defence Union Ltd's (the MDU) Privacy Policy, which can be sent to you upon request and is available on the MDU website sets out:
  - that the MDU, MDU Services Ltd (MDUSL) and other Permitted Users will keep and use personal information which you supply regarding your members, officers, partners, employees and contractors;
  - the purposes for which such personal information will be used.

## F 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 F1-F4 to make payments directly from your account.

F1	Full name and postal address of bank/building society - including postcode:										
	Postcode (required):										
F2	Name of the account holder										
F3	Bank/building society account number:  Bank/building society sort code:										
	Originator's identification number: 991121										
F4	Your instruction to the bank/building society and signature:										
	<ul> <li>I instruct you to pay Direct Debits from my account at the request of MDU Services Limited</li> <li>The amounts are variable and may be debited on various dates</li> <li>I understand that MDU Services Limited may change the amounts and dates only after giving me prior notice</li> <li>I will inform the bank/building society in writing if I wish to cancel this instruction</li> <li>I understand that if any Direct Debit is paid which breaks the terms of the instructions, the bank/building society will make a refund</li> </ul>										
	Signature Date D D M M Y Y										
Direc	t Debit Guarantee										
• Th	nis guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.										
de	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 ebited 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 equest.										
• If an	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 mount 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.										
• Yo	ou 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.										
Mon	othly payment 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 may apply a small interest charge. Payment will be taken over 10 months.

Completed PRACTICECARE application forms and individual GP application forms should be returned together to:

#### FREEPOST MDU SERVICES LIMITED

### If you have any queries about our PRACTICECARE scheme, please contact us on:

Freephone PRACTICECARE helpline 0800 716 376

Email practicecare@themdu.com

Fax 020 7202 1696

Write to MDU Services Limited, One Canada Square, London E14 5GS

Website themdu.com/practicecare