

Application for Membership Hong Kong

Dental
Protection



Please complete all sections of the form and return to **The Hong Kong Dental Association, Duke of Windsor Social Service Building, 8th Floor, 15 Hennessy Road, Wanchai, Hong Kong.** If your admission into membership of the Society is approved, it will be dated from the day following receipt of your application.

Please complete the box opposite if you would prefer membership to commence on a later date:

Personal details

Title	Surname	Address for correspondence _____ _____ _____ _____ Zip no./Postcode _____ Country _____ Fax _____ E-mail _____ Tel (Daytime) (Evening) _____ Country of practice _____ Professional registration no. _____
Forenames		
Former name (if any)		
Date of birth	Sex M <input type="checkbox"/> F <input type="checkbox"/>	
Degrees and Diplomas		
Dental School		
Month and year of qualification		
Specialist Registration		
Main Specialty:		

Please give details of your dental practice/specialty below:

Previous Indemnity/Insurance

Have you belonged to a protection body or had malpractice insurance before (including previous membership with the Medical Protection Society)?

- YES (Please answer all questions below)
 NO (Please answer questions 3-4)

1 Please give the name of the organisation(s) and the dates during which you were a member or policy holder. If you were previously a member of the Medical Protection Society, please give your membership number and your name at the time (if it has changed).

Organisation	From	To	MPS No.	Name
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2 Have you ever been refused membership of a protection body (refused professional insurance) or been offered limited or conditional membership (terms)? NO YES (Please give brief details below)

3 Have any claims for compensation or complaints been made against you? Please indicate whether they have been resolved or are still outstanding. NO YES (Please give brief details below)

Continue on a separate sheet if necessary:

4 Have you ever been refused registration, suspended or erased from a dental register?

NO YES (Please give brief details below)

Declaration

I hereby apply for membership of the Medical Protection Society. I understand that membership is not conferred automatically and is subject to approval. I permit the Medical Protection Society to seek information regarding past and current matters from other professional protection bodies, insurance companies or employers with whom I have had professional indemnity arrangements. I consent to the Medical Protection Society processing information about me. (Please see data protection information below.)



Failure to disclose all relevant information about your practice, income and previous history will affect your entitlement to the benefits of membership.

Signature

Date

Data Protection Information

We will hold the information you provide on our systems for administration of your membership and claims, marketing, risk assessment and advisory purposes. We may disclose your information to legal advisers or other medical protection organisations as part of our advisory and claims-handling process. 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. If you do not wish to receive such information, please tick this box.

You have the right to apply for a copy of your file (for which we may make a small charge).

Payment instruction

Dental Hong Kong

Please phone +852 2528 5327 to discuss payment details.

I wish to pay my subscription in accordance with the following instructions.

Signature

Date

Please do NOT detach this form from your application.

I wish to pay my subscription of:

by cheque

cheques should be crossed and made payable to Hong Kong Dental Association

by credit card

enter your card number below.

Card Issue Number

Card start date

Card expiry date

Cardholder's signature

Cardholder's name and address



Failure to provide accurate information about your practice and income (which may affect the subscription you pay) will affect your entitlement to the benefits of membership.