

Please complete all relevant sections of this form and return to:
Membership Services, Medical Protection Society, Granary Wharf House, Leeds LS11 5PY

Your admission into the **DPL Xtra** programme is subject to approval. If you are not a member of Dental Protection and would like to apply, please also complete an 'Application for Dental Membership' which can be found at www.dentalprotection.org or request one from membership services.

Tel: **0845 718 7187**. Email: membership.help@mps.org.uk.

Practice Details

Practice name:	
Name of practice principal/s:	
DPL membership number/s:	
Address for correspondence:	
Postcode:	
Email:	
Telephone (Daytime):	Telephone (Evening):

Details of Staff

	Number of staff	Number of these staff members who are individual members of DPL
Dentists		
Dental Hygienists / Therapists / Orthodontic Therapists		
Dental Nurses		
Dental Technicians		
Clinical Dental Technicians		

Please note that membership of the **DPL Xtra** practice programme does not replace the need for individual membership with Dental Protection. Applications forms will be sent to be completed by staff who are not DPL members, but who have been included within the **DPL Xtra** application.

Details of all Dentists within the Practice

Please ask all dentists within the practice to complete the following details and provide a signature to declare their approval of the application for the **DPL Xtra** practice programme.

Full name 1	Full name 5
GDC number	GDC number
DPL number	DPL number
<input type="checkbox"/> If not a DPL member please tick here	<input type="checkbox"/> If not a DPL member please tick here
Signature	Signature
Full name 2	Full name 6
GDC number	GDC number
DPL number	DPL number
<input type="checkbox"/> If not a DPL member please tick here	<input type="checkbox"/> If not a DPL member please tick here
Signature	Signature
Full name 3	Full name 7
GDC number	GDC number
DPL number	DPL number
<input type="checkbox"/> If not a DPL member please tick here	<input type="checkbox"/> If not a DPL member please tick here
Signature	Signature
Full name 4	Full name 8
GDC number	GDC number
DPL number	DPL number
<input type="checkbox"/> If not a DPL member please tick here	<input type="checkbox"/> If not a DPL member please tick here
Signature	Signature

Declaration

- I wish to apply for membership of DPL Xtra subject to the Memorandum and Articles of Association and upon payment of the appropriate subscription.
- I understand that membership is not conferred automatically and is subject to approval.
- I consent to MPS seeking information regarding past and current matters from other professional defence bodies, insurance companies or employers with whom I have had professional indemnity arrangements, and to the release of that information to MPS.
- I consent to MPS processing information about me. (Please see data protection information below.)
- I consent to MPS using the email address provided for communication with me.
- I confirm that the information I have provided is correct to the best of my knowledge.

Signature:

Date:

DPL use only

Date received:

Date approved:

DPL Xtra number:

Payment Details

! Payment or direct debit instructions should accompany this form.

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

Signature:	Date:	My correct DPL Xtra subscription amount is:
I wish to pay my DPL Xtra subscription amount:		
<input type="checkbox"/> By annual direct debit on the next available 20th of the month		
<input type="checkbox"/> By monthly direct debit (for subscriptions over £100) on or just after the 20th of the month, in months 2–11 (inclusive) of subscription year		
<input type="checkbox"/> By cheque in full (cheques should be made payable to the Medical Protection Society Limited)		
<input type="checkbox"/> By Access/Visa/Switch/MasterCard in full (please enter your card details below). MPS does not accept American Express.		
Card number:	<input type="text"/>	
Cardholder's name:	<input type="text"/>	
Cardholder's address:	<input type="text"/>	
	Postcode: <input type="text"/>	
Card start date:	Card expiry date:	Card issue number: CVC code (last three digits on card signature strip):
Cardholder's signature:	<input type="text"/>	

Data Protection Information

We will process the information you provide on our systems for administration of your membership and claims, and for underwriting, marketing, risk assessment, research and advisory purposes. We may disclose your information to legal or other professional advisers or other medical protection organisations as part of our advisory and claims-handling process, as well as to third parties who assist with member services. By signing this form or completing it online you consent to the processing of personal data, including sensitive personal data for the purposes outlined above. You have the right under the Data Protection Act to obtain disclosure of personal data that we have relating to you, for which we make a nominal charge. 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, either via post or e-mail, please tick this box.

Direct Debit Instruction

Please complete this form and send to:

Membership Services, Medical Protection Society, Granary Wharf House, Leeds LS11 5PY

Please pay MPS 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 MPS and, if so, details will be passed electronically to my bank/building society.



Originator's identification number

4 3 4 3 1 3

Name(s) of account holder(s):	Payment method: <input type="checkbox"/> Annually <input type="checkbox"/> Over 10 months
<input type="text"/>	Reference number:
Name and full postal address of bank or building society:	Member name:
<input type="text"/>	Branch sort code: <input type="text"/>
<input type="text"/>	Bank/building society account no. <input type="text"/>
<input type="text"/>	Signature: <input type="text"/>
Postcode: <input type="text"/>	Date: <input type="text"/>

Banks or building societies may not accept direct debit instructions for some types of account.