

Dental Practitioner Proposal for Dental Indemnity Policy

This is a proposal for a Dental Indemnity Policy underwritten by MDA National Insurance Pty Ltd (MDA National Insurance) ABN 56 058 271 417, AFS Licence No. 238073.

In completing this proposal, 'we', 'our' and 'us' means MDA National Insurance. 'You' and 'your' means the proposed insured.

It is important that all information contained in this proposal is accurate and complete as this document will form the basis of the insurance contract between you and us. Where there is not sufficient room, please provide your answer on a separate attachment. Failure to disclose all material information that is likely to influence the acceptance of the risk or the terms applied could invalidate the insurance contract. If you have any doubt as to whether any information is material, it should be disclosed. **Please read the Important Notice on page 4 before completing this form. Please ensure that you read and understand the terms and conditions of the Dental Indemnity Policy as outlined in the Dental Indemnity Policy Important Information and Policy Wording, and any Supplementary Important Information and Endorsement to Policy Wording.**

Where you have an obligation to notify the insurer of a matter, this matter can be advised to the relevant Corporate Authorised Representative of the insurer. Please contact the association or organisation that arranges your indemnity insurance to notify any matters under this policy.

Note: The issue of a policy is subject to our underwriting approval.

1. Personal Details

Title	First name(s)	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Former name/Maiden name	Sex		Date of birth
<input type="text"/>	<input type="radio"/> Female <input type="radio"/> Male		DD / MM / YYYY
Mailing address			
<input type="text"/>			
Mailing address line 2	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Primary practice address			
<input type="text"/>			
Primary practice address line 2	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home telephone	Practice telephone	Facsimile	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email			
<input type="text"/>			

2. Policy coverage requirements

2.1 When would you like your cover to commence?

 DD / MM / YYYY

2.2 What is your practice category code?

Please refer to the Practice Category Guide to determine your appropriate practice category. If you have any question in relation to the practice categories, please contact the relevant association or organisation that arranges your indemnity insurance.

2.3 Are you registered in Australia as a Dental Specialist? Please state your Specialty.

2.4 Do you act, or are you likely to act, in the capacity of a Medical Practitioner (outside of dentistry) at any time in the insurance year?

 YES NO

If YES, please provide details of the nature of the medical practice undertaken on a separate attachment.

Corporate Authorised Representatives:

Australian Dental Association (WA Branch) Limited – Phone: (08) 9211 5600 | Fax: (08) 9321 1757

Dental Protection Limited Australia Pty Ltd CAR No. 326134 – Freecall: 1800 444 542 | Fax: (07) 3831 7255

MDA National Insurance Pty Ltd ABN 58 056 271 417 Licence No. 238073.

3. Retroactive Cover for Past Practice

3.1 When did you first commence practice as a Dental Practitioner in Australia?

DD	/	MM	/	YYYY
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3.2 Please provide details of your previous insurers or medical defence organisations for the last 10 years in the table below.

If you require additional space please complete on a separate attachment.

Name of Organisation/Insurer	Period of insurance	Retroactive date* on Policy
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please read the information below to obtain an understanding of what retroactive cover is. If you have any questions or are unsure about how to complete this section, contact the association or organisation that arranges your indemnity insurance.

*The retroactive date determines how much of your prior practice is covered under your policy. If your previous insurance policy specifies "Unlimited" for the retroactive date, your MDA National Dental Indemnity Policy will cover you for new matters that you become aware of, arising from your past practice in Australia, irrespective of how long ago the incident occurred. If your previous policy shows a specific retroactive date, please state the date. Your MDA National Insurance Dental Indemnity Policy will not respond to any matter arising out of an incident that occurred before the retroactive date.

4. Qualifications and registration

Qualification	Institution	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dental Board Registration Number	Date first registered in Australia	
<input type="text"/>	DD / MM / YYYY	

4.1 Have you ever been refused registration, deregistered or suspended from practice as a dental practitioner whether as a result of a disciplinary proceeding or otherwise? YES NO

If YES, please provide full details on a separate attachment.

4.2 Do you currently have, or have you ever had conditions, undertakings, reprimands or notations placed on your registration? YES NO

If YES, please provide a copy of these conditions.

5. Claims and Indemnity History

5.1 Have you ever been refused membership of a Medical Defence or Dental Indemnity Organisation, been refused professional indemnity, had your insurance or membership cancelled or not been offered renewal? YES NO

5.2 Has any Medical Defence Indemnity Organisation or insurer ever imposed any non-standard terms or conditions on your practice or professional indemnity cover, including any requirement that you participate in a risk management program, or have they advised you that such requirements, terms or conditions will be imposed on your current or future indemnity or practice? YES NO

5.3 Have you ever had any claims made or threatened against you or against a current or previous employer arising from your provision of dental services, whether finalised or not? YES NO

5.4 Are you aware of any circumstances which may give rise to a claim against you or a current or previous employer arising from your provision of dental services? YES NO

5.5 Have you ever had any complaints made or threatened against you arising from your provision of dental services, whether they have been investigated or not? YES NO

5. Claims and Indemnity History CONTINUED

- 5.6 Have you ever been the subject of an investigation, complaint, disciplinary or other proceeding or inquiry by any hospital, tribunal, professional registration board, court, statutory body (including but not limited to Medicare) or any other body? YES NO
- 5.7 Have you ever been the subject of a criminal investigation or had criminal charges laid against you? For the purposes of this question, please disregard traffic or minor motor vehicle licensing offences. YES NO
- 5.8 Whilst working as a dental practitioner have there been any gaps in your professional indemnity/ insurance since the date of your graduation? YES NO

If you are aware of any claims, investigations or inquiries or circumstances which may result in a claim, complaint, investigation or inquiry, please ensure that you notify your current insurer prior to submitting this application.

If you have answered **YES** to any question in section 5, please provide a detailed description of each matter on a separate attachment. **We may require you to obtain a full claims history from current and previous insurers.**

For questions relating to claims, circumstances, inquiries or investigations please include in this description:

- whether the matter was notified or dealt with by an insurer and, if so, which organisation;
- the date of the incident;
- a brief summary of the matter and the relevant details (if the matter involved a patient please do not identify the patient in any way);
- your involvement in the matter;
- details of any legal or indemnity payments made, if you are aware of this;
- the outcome if known (if unknown, please state the last known status).

PLEASE DO NOT SEND ANY ORIGINAL DOCUMENTS WITH THIS PROPOSAL

6. Communication preference

Please let us know your preferred method of receiving your Insurance Policy and Membership documents.

- Email Post

Declaration, authorisation and consent

I declare that:

1. I agree to be bound by the terms and conditions of the policy.
2. I have read and understood the Important Notice and contents of this proposal and acknowledge that the information included in, or attached to, this form is accurate and complete.
3. I understand my duty of disclosure exists until the contract of insurance is entered into and that I have a continuing obligation to inform MDA National Insurance or its Corporate Authorised Representatives of any material alteration of the risk during the period of insurance including any change in my field of practice or any material change in the nature of professional services provided by me, or the risk category that I have previously declared.
4. I acknowledge that the policy (if issued) will not indemnify me with respect to:
 - (a) claims that have been made against me as at the date of this proposal;
 - (b) claims that arise in the future from matters that I am aware will likely give rise to a claim as at the date of this proposal;
 - (c) any current investigation or inquiry;
 - (d) any future investigation or inquiry that results from a matter that has been, or is currently being, investigated or matters that I am aware of as at the date of this proposal that will be the subject of an investigation or inquiry; and
 - (e) any matter reported on or with this proposal or matters that should have been reported on or with this proposal.

Authorisation and Consent:

5. I authorise and request any Dental Board or other registration body to release all information requested by MDA National Insurance regarding my registration as a dental practitioner, any conditions placed on it and any complaints to, or investigations or hearings by, or on behalf of the Dental Board or registration body involving me whether or not there has been a final resolution and I consent to the disclosure of such information to MDA National Insurance or its Corporate Authorised Representatives, reinsurers or advisers, as appropriate.
6. I authorise and request any current or former insurer or indemnity provider to release all information requested by MDA National Insurance regarding all requests for indemnity or assistance including details of claims, complaints, investigations or inquiries involving me, whether or not there has been a final resolution and I consent to the disclosure of such information to MDA National Insurance and any of its reinsurers or advisers, as appropriate.
7. I consent to MDA National Insurance and any companies, firms or individuals who assist in providing services including reinsurers, Corporate Authorised Representatives, solicitors and barristers, holding and using the information I provide and any information provided about me or my practice by a registration body or current or former insurer or indemnity provider, in accordance with the MDA National Group Privacy Policy.

Please SIGN and DATE below

X SIGN HERE

DD / MM / YYYY

To have a thorough understanding of the cover provided under your policy, please read the following information in conjunction with the current *Dental Indemnity Policy Important Information and Policy Wording*, and any *Supplementary Important Information and Endorsement to Policy Wording*.

Your duty of disclosure

Before you enter into an insurance contract, you have a duty, under the *Insurance Contracts Act 1984* (Cth) to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Claims made cover

The Dental Indemnity Policy is a claims made contract of insurance. This means that the policy responds to matters that have occurred on or after the retroactive date and that you first become aware of and notify us in writing during the period of insurance.

Requirement to notify us

You must notify us in writing as soon as practicable of any material alteration of the risk during the period of insurance including any material change in the nature of the professional services provided by you. You must also notify us as soon as practicable after you become aware of:

- (a) any claim, investigation or inquiry; or
- (b) any circumstance that might lead to a claim against you or to an investigation or inquiry involving you; or
- (c) any other matter which might give rise to a claim for indemnity under this policy.

Rights under section 40(3) of the *Insurance Contracts Act*

If you have a policy with us and you notify us in writing of circumstances which may give rise to a claim during your period of cover, the fact that you do not give us written notice of a claim relating to those circumstances before your policy has expired will not, of itself, relieve us of liability in relation to the claim. However, you must notify us of a claim, investigation or inquiry as soon as you become aware of it.

Payments

All monies received will be paid into an Australian bank account and held in trust on your behalf until we agree to accept your Insurance renewal. MDA National Insurance is entitled to the interest earned on this bank account. Your Membership subscription is collected on behalf of DPL Australia and will be allocated accordingly.

Privacy Statement

The protection of your personal information is important to MDA National Insurance. We comply with the *Privacy Act 1988* (Cth) to ensure that your personal (including sensitive) information (Information) is protected.

We collect disclose and store Information in order to process and decide whether to accept your application.

MDA National Insurance will disclose the Information to service providers who assist us in the administration of our business including but not limited to reinsurers, insurance brokers, auditors and actuaries, medical specialists, lawyers staff members of insureds, courts, registration authorities, complaints commissions, boards and tribunals, government departments and bodies to whom by law we are obliged to disclose Information or to whom we have informed you we disclose Information and anyone else to whom you authorize us to disclose Information.

MDA National may be unable to perform these functions or only perform them to a limited extent if you do not provide us with your Information. By making an application for an MDA National Insurance product or service, you consent to your Information being collected by MDA National Insurance and used for these purposes. Your information is unlikely to be disclosed overseas.

MDA National Insurance collects, uses and discloses your Information in accordance with its privacy policy which is available at mdanational.com.au or by contacting our member services team on 1800 011 255 to obtain a copy. This privacy policy contains further information about how MDA National Insurance will handle your Information. This includes information on how you can access and/or seek the correction of your Information that is held about you as required by law and make a complaint about the way your Information is being handled by MDA National Insurance and how MDA National Insurance will deal with your complaint. If you have any questions about how MDA National Insurance handles your Information, please contact us by writing to the Privacy Officer

E-mail: privacy@mdanational.com.au

Phone: (08) 6461 3400

Registered office: MDA National, Level 3 88 Colin Street WEST PERTH WA 6005 | Web: mdanational.com.au

The policy is underwritten by MDA National Insurance Pty Ltd, ABN 56 058 271 417, AFS Licence No. 238073. Australian Dental Association (WA Branch) Limited. (ADAWA), AFS Representative No. 326133 and Dental Protection Limited Australia Pty Ltd CAR No. 326134 and Corporate Authorised Representatives of MDA National.

The MDA National Group is made up of MDA National Limited ABN 67 055 801 771 and MDA National Insurance Pty Ltd (MDA National Insurance) ABN 56 058 271 417 AFS Licence No. 238073.

Privacy: Please note that any information you provide will be held and used by us and any companies, firms or individuals who assist us in providing services (including but not limited to reinsurers, medical specialists, solicitors and barristers) in accordance with the MDA National Group Privacy Policy, 163.8

MEMBERSHIP APPLICATION AUSTRALIA

membership@dpla.com.au | dentalprotection.org/au

Please complete in BLOCK CAPITALS, all relevant sections of the form and return to DPL Australia Pty Ltd by one of the following:

Post: **DPL Australia Pty Ltd, PO Box 1013, Milton QLD 4064**

Fax: **(07) 3831 7255**

Email: **membership@dpla.com.au**

Section A – Personal details

<p>Title</p> <hr/>	<p>Additional qualifications (Provide graduation year and training establishment)</p> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>First name</p> <hr/>	<p>Speciality (If applicable)</p> <hr/>
<p>Surname</p> <hr/>	<p>Mailing address</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Given name(s)</p> <hr/>	<p>State</p> <hr/>
<p>Date of birth (DD/MM/YYYY)</p> <hr/>	<p>Postcode (zip or postal area)</p> <hr/>
<p>Nationality</p> <hr/>	<p>Daytime telephone</p> <hr/>
<p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <hr/>	<p>Evening telephone</p> <hr/>
<p>Place and year of initial qualification</p> <hr/>	<p>Mobile number</p> <hr/>
<p>(MM/YYYY)</p> <hr/>	<p>Fax number</p> <hr/>
<p>Registerable qualification</p> <hr/>	<p>Email address</p> <hr/>
<p>Dental Board/AHPRA registration Number</p> <hr/>	
<p>Please tick area of work</p>	
<p><input type="checkbox"/> Private practice <input type="checkbox"/> Hospital</p>	
<p><input type="checkbox"/> Government Clinic <input type="checkbox"/> University</p>	
<p><input type="checkbox"/> Defence forces <input type="checkbox"/> Laboratory</p>	
<p><input type="checkbox"/> Other (Give details)</p> <hr/> <hr/> <hr/>	

DPL Australia Pty Ltd (DPLA) is registered in Australia with ABN 24 092 695 933. Dental Protection Limited (DPL) is registered in England (No. 2374160) and along with DPLA is part of the Medical Protection Society Limited (MPS) group of companies. MPS is registered in England (No. 36142). Both DPL and MPS have their registered office at Level 19, The Shard, 32 London Bridge Street, London, SE1 9SG. DPL serves and supports the dental members of MPS. All the benefits of MPS membership are discretionary, as set out in MPS's Memorandum and Articles of Association.

'Dental Protection member' in Australia means a non-indemnity dental member of MPS. Dental Protection members may hold membership independently or in conjunction with membership of the Australian Dental Association (W.A. Branch) Inc. (ADA WA).

Dental Protection members who hold membership independently need to apply for, and where applicable maintain, an individual Dental Indemnity Policy underwritten by MDA National Insurance Pty Ltd (MDA), ABN 56 058 271 417, AFS Licence No. 238073. DPLA is a Corporate Authorised Representative of MDA with CAR No. 326134. For such Dental Protection members, by agreement with MDA, DPLA provides point-of-contact member services, case management and colleague-to-colleague support.

Dental Protection members who are also ADA WA members need to apply for, and where applicable maintain, an individual Dental Indemnity Policy underwritten by MDA, which is available in accordance with the provisions of ADA WA membership.

None of ADA WA, DPL, DPLA and MPS are insurance companies. Dental Protection® is a registered trademark of MPS.

Section B – Previous History  PLEASE READ THE IMPORTANT INFORMATION BELOW

In this section you must include details of any matter in which you have been named or involved either in Australia or elsewhere. Please include any pending, unresolved or closed issues, even those already reported to MPS. Failure to disclose full and accurate details about your previous history may delay your application. If necessary please continue your answers on a separate sheet.

1. **Have you had any professional indemnity/insurance before?** **Yes** (Please go to Q2) **No** (Please go to Q3)

2. **Please give the name of all other organisations and the dates during the last 10 years which you were a member or policyholder. If you were previously a DPL member, please give your membership number and your full name at the time** (if it has changed).

Organisation	From DD/MM/YYYY	To DD/MM/YYYY	Membership number	Full Name	Other membership or policy number

3. **Have you at any stage practiced without professional indemnity (ie, please exclude any period(s) protected by state, employer, insurer or MDO indemnity)?** (If in doubt please indicate YES.) If you answer YES please confirm the dates and the reasons below.

Yes No

4. **Have there been any breaks in your clinical practice of more than 6 months in the last 2 years?** (If in doubt please indicate YES.) If you answer YES please confirm the dates and the reason for any gap. Please also provide details of any continuous professional development or refresher training that has been undertaken.

Yes No

5. **Have you ever previously been refused professional indemnity/insurance including a decline to renew or had it withdrawn/voided?** (If in doubt please indicate YES.) If you answer YES please provide a summary in your own words providing dates and reasons, including copies of any correspondence.

Yes No

6. **Have you had any non-standard terms or conditions including a non-standard subscription or premium imposed on your professional indemnity/insurance?** If you answer YES please provide date and full details. (If necessary please continue on a separate sheet)

Yes No

7. **Have you had any complaint(s) arising out of your professional practice which has not been resolved at a local level (ie, within your own practice)?** If you answer YES please provide full details of the complaint(s). The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the final outcome of the incident. (If necessary please continue on a separate sheet)

Yes No

8. **Have you been involved in any claim(s) for compensation or damages arising out of your professional practice regardless of the outcome?** If you answer YES please provide full details of the complaint(s). The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the final outcome of the incident. (If necessary please continue on a separate sheet)

Yes No

9. **Are you aware of any incident(s) that might become a claim?** If you answer YES please provide full details of the incident(s). The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the current status of the incident(s). (If necessary please continue on a separate sheet)

Yes No

10. **Have you ever been the subject of a disciplinary inquiry or had practice privileges refused/ withdrawn/ made conditional by a health care provider?** If you answer YES please provide full details. The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the incident(s) occurred, name of indemnifier, the final outcome of the incident and whether this was reported to the regulatory body. (If necessary please continue on a separate sheet)

Yes No

11. **Have you ever been subject to any referral, complaint, inquiry, investigation or hearing by any regulatory, licensing or registration body?** If you answer YES please provide full details. The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the final outcome of the case. (If necessary please continue on a separate sheet)

Yes No

12. **Have you been cautioned by the police or convicted of any criminal offence? (You do not need to include spent/expired convictions, or minor road traffic offences that did NOT involve alcohol or drugs.)** If you answer YES please provide full details. The details must include: date of incident, full details of the offence, the final outcome or current position and whether this was reported to the regulatory body. (If necessary please continue on a separate sheet)

Yes No

13. **Are there any other issues of which DPL might reasonably need to be aware when considering your application for membership?** (If in doubt please indicate YES.) If you answer YES please provide all relevant information below. (If necessary please continue on a separate sheet)

Yes No

Section C – Membership category

Please refer to our category guide and state clearly below which category of DPL membership you require, and the State/Territory in which the majority of your professional practice will be undertaken. Check carefully that this is a proper reflection of the location, nature and extent of your professional practice.

Category _____

State _____

If you have chosen any of the categories listed below, please provide the additional information requested below (If necessary please continue on a separate sheet)

E3D / QEA / QEN

Since you are claiming a reduced rate membership category, please state (a) the name and address of your employer (b) his or her DPL membership number and (c) your position within the practice

(a) _____

(b) _____

(c) _____

For any Part-time practice category

My total annual clinical or non-clinical professional activity will not exceed _____ hours/year

- E1D** I do not treat any patients in private practice, and have no involvement in dentistry outside of my main employment
- E2D** My work outside of my main employment (including work in private practice) will not exceed 500 hours during the subscription year. I will notify you immediately if this is likely to be exceeded and I understand that if I fail to do so, my entitlement to the benefits of membership may be affected.
- QIA** For those who have an entitlement to indemnity from their employer for their work and are a Member of a State Hygienist/Therapist/OHT Association
- QIN** For those who have an entitlement to indemnity from their employer for their work and are not a Member of a State Hygienist/Therapist/OHT Association

My Employer is: _____

Position held in this employment: _____

Section D – Date of commencement

If your application for membership is approved, it will take effect from the day following receipt of your application. Complete this box if you would prefer your membership to commence on a later date.

D	D	M	M	Y	Y	Y
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Section E – Membership declaration – to be completed by all applicants

Important – Your Personal Information and Data

When interacting with MPS and its related companies, you may choose to provide information about your criminal convictions and offences (including alleged offences), your health, race, ethnic origin, sex life, sexual orientation and trade union membership (“Special Category Data”). This happens where that information is relevant to your membership or the actual or potential provision of advice or assistance, or if you make a claim under your Dental Indemnity Policy or any similar policy (together “DIP”). We may also receive Special Category Data about you from others in connection with membership or advice, assistance or a claim under your DIP (eg from a complainant, claimant, witness, expert, court or regulator).

To find out more about how we collect, use and handle your data including Special Category Data, please see the **Privacy Statement** on our website dentalprotection.org/au

When you tick the box below, you expressly consent to MPS processing your Special Category Data for the purposes of providing you with membership and its benefits.

I consent

You may withdraw consent to such processing by contacting MPS, but if you do so we will no longer be able to provide you with membership and its benefits.

IMPORTANT! – Please read, sign and add the current date below. Any delay in returning this form may invalidate this application.

By signing and returning this form, you agree and confirm that:

- (i) You wish to apply for membership of MPS subject to the Memorandum and Articles of Association
- (ii) You understand that any failure to disclose full and accurate details may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership
- (iii) You understand that membership is not conferred automatically and is subject to approval by MPS
- (iv) You acknowledge that any subscription payments made are subject to verification and that acceptance of a payment by MPS does not of itself confirm membership and/or entitlement to request benefits
- (v) You will inform us if your personal circumstances or scope of practice change
- (vi) We may seek information from other professional defence organisations, insurance companies, employers, and/or other third parties in respect of membership and that they may release to us such information
- (vii) For the purposes of Australia law and the Australia Privacy Act 1988, we may obtain, process, retain and transfer your personal data as set out in the **Privacy Statement** on our website dentalprotection.org/au

If you are submitting additional sheets or correspondence, please tick here.

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. To opt-in to receive such information, either via post or email, please tick here.

You can update your marketing preferences by contacting us.

Signature: (Please sign in black ink)

Date: DD/MM/YYYY (Please note must be current date)

Please remember to inform us promptly if your personal circumstances or scope of practice change.

Dental Protection – Australia**Contact information**

DPL Australia Pty Ltd
PO Box 1013,
Milton QLD 4064

F (07) 3831 7255

membership@dpla.com.au
dentalprotection.org/au

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