

1800 509 441 (Mon – Fri: 8.00am – 6.30pm)
applications@dentalprotection.org | dentalprotection.org

Please complete all relevant sections of the form in **BLOCK CAPITALS** and return your **signed** application to: **Member Operations, Medical Protection Society, Victoria House, 2 Victoria Place, Leeds LS11 5AE.** If you require further assistance please contact Member Services on 1800 509 441.

Personal details – please write in the boxes provided

MPS Membership Number

Title Mr Mrs Ms Miss Other

First Name

Middle name(s)

Surname (Mandatory information)

Previous Surname

Date of birth Gender (optional) Male Female

Mobile number

Email address

Ireland address for correspondence

Line 1

Line 2

Line 3

Town or City

Country Ireland

You are: Dental Student Dental Care Professional Student

Your DCP course is: Dental Therapy Dental Hygiene Orthodontic Therapy Clinical Dental Technology

Dental school

How many years does your course last? 1 2 3 4 5

Current year of study? 1 2 3 4 5

Direct Debit instruction (please ensure you sign and date)

Thank you for choosing to pay by annual Direct Debit for your Dental Protection membership. You should expect to hear from us within 14 days of returning this instruction.

SEPA Direct Debit Mandate

Please fill in the whole form using a ball point pen and send to: Member Operations, Medical Protection Society, Victoria House, 2 Victoria Place, Leeds LS11 5AE, UK. Member Services 1800 509 441. Please complete all the fields marked*

*Debtor name (name of account holder)

Debtor address (address of account holder)

*Debtor account number - IBAN

*Debtor bank identifier code - BIC

Creditor identifier number

Creditor name and address

Medical Protection Society, Victoria House, 2 Victoria Place, Leeds LS11 5AE, UK.

Unique mandate reference (UMR) — to be completed by MPS

Type of payment

Recurrent payment or One-off payment

By signing this mandate form, you authorise (A) MPS to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from MPS. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

*Signature(s)

*Date of signature

Please send this mandate to the creditor.

IMPORTANT! – Please read the following and sign below

Please note:

Do any of the following apply to you (now or in the past)?

- criminal convictions or police cautions
- disciplinary or personal conduct issues

Have you ever previously had professional indemnity / insurance

- refused, cancelled (including a decline to renew) or made void
- offered with non-standard terms or conditions imposed such as an increased subscription?

NO YES If you answer **yes** you will be contacted for further information

Please note – You must sign and return this form with a current date. 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 your university (including information about your current year of study and the results of your final examinations), other professional defence organisations, insurance companies, employers, and/or other third parties in respect of your membership and that they may release to us such information .

Please check that you have completed the direct debit instruction form overleaf.

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:

Today's Date:

Important – Your Personal Information and Data

When interacting with MPS, you may choose to give MPS 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, assistance or indemnity. We may also receive Special Category Data about you from others in connection with membership or advice, assistance or indemnity (e.g. 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 medicalprotection.org/.

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 (including assistance and indemnity).

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.

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OFFICE USE ONLY

BDE CODE

Member Operations
Medical Protection Society
Victoria House
2 Victoria Place
Leeds, LS11 5AE
United Kingdom

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Calls to Member Services may be recorded for training and monitoring purposes

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