

STUDENT MEMBERSHIP SCHEME OF CO-OPERATION NEW ZEALAND

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Please complete all parts of this form in **BLACK INK** and **BLOCK CAPITALS** and return to:
the New Zealand Dental Association, PO Box 28084, Remuera, Auckland 1541, New Zealand.

For enquiries telephone +64 9 579 8001 or fax +64 9 580 0010. Email jill@nzda.org.nz

If your application for membership of MPS is approved, it will be dated from the day following receipt of your application unless you specify a later start date in the box to the right: (DD/MM/YYYY)

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Section A – Personal details

<p>Title _____</p> <p>First name _____</p> <p>Surname _____</p> <p>Maiden/previous name if any _____</p> <p>Date of birth (DD/MM/YYYY) _____</p> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Nationality _____</p> <p>Dental school _____</p> <p>Current year of study <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p> <p>Expected month and year of graduation (MM/YYYY) _____</p>	<p>Home address – if for correspondence please tick <input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Postcode (zip or postal area) _____</p> <p>Term address – if for correspondence please tick <input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>Postcode (zip or postal area) _____</p> <p>Email address (1) _____</p> <p>Email address (2) _____</p> <p>Daytime telephone _____</p> <p>Evening telephone _____</p> <p>Mobile number _____</p>
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Do any of the following apply to you (now or in the past):

- Criminal convictions or police cautions
- Disciplinary or personal conduct issues

If **any** apply please provide dates as well as full details and include additional pages if required.

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

If **any** of the above apply please provide dates as well as full details and include additional pages if required.

IMPORTANT! – Please read the following and sign below

Your Personal Information and Data

At times we will ask you to provide us with data and personal information including when you apply for membership, your subscription is renewed, your 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 (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 Notice** on our website dentalprotection.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.

IMPORTANT! – Please read, sign and add the current date below

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 will inform us if your personal circumstances or scope of practice change
- (v) 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
- (vi) For the purposes of New Zealand law and the New Zealand Privacy Act 1993 and any other applicable data protection laws, we may obtain, process, retain and transfer your personal data as set out in the **Privacy Notice** on our website dentalprotection.org/

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: _____

Date: DDMMYYYY (Please note must be current date)

Please tell us why you have chosen MPS – Your comments are important to us, please tick below

- 1. Personal recommendation
- 2. Competitive subscription rates
- 3. MPS membership co-ordinator, please provide their initials: _____
- 4. Group arrangement
- 5. Dissatisfaction with previous organisation
- 6. Other (please provide details in the space provided) _____

Dental Protection – New Zealand

Contact information

A scheme of co-operation between Dental Protection and New Zealand Dental Association

PO Box 28084, Remuera, Auckland 1541, New Zealand

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