

**Please complete all editable sections of this form electronically and return by email to the address above**

Alternatively please print out and complete using BLACK INK and BLOCK CAPITALS and return by post to:  
Singapore Dental Association, 320 Serangoon Road, #10-13 Centrium Square, Singapore 218108

**Section A – Membership start date and personal details**

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)

<b>Title</b>		<b>Address for correspondence</b>	
<b>First name</b>			
<b>Surname</b>			
<b>Former name (if any)</b>			
<b>Date of birth (DD/MM/YYYY)</b>			
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Postcode (zip or postal area)</b>	
<b>Degrees and diplomas</b>		<b>Email address</b>	
<b>Dental school and country</b>		<b>Daytime telephone</b>	
<b>Month and year of graduation</b>		<b>Evening telephone</b>	
<b>Country of practice</b>		<b>Cell number</b>	
<b>Authority registration number</b>		<b>Fax number</b>	

**IMPORTANT – Please read the following**

1. Failure to disclose full and accurate details about your previous history, practice and income may invalidate your membership which means you are not entitled to seek advice or assistance from MPS.
2. When completing the previous history section on pages 2 and 3 you must account for any gaps in your indemnity or insurance history during the last 10 years and also any break in clinical practice during the previous 2 years.
3. If you have had professional indemnity or insurance (other than from MPS) for any practice outside your stated country of practice you must obtain your case history to submit with this application.
4. If you have had previous indemnity or insurance we may approach your previous indemnity or insurance organisation for your claims history. This process will take a minimum of 15 working days.
5. We will not assist with any matter arising from an incident pre-dating your MPS membership.
6. If you are leaving a claims made insurance contract, please ensure you have notified your previous provider of any adverse incident of which you are aware, that could become a claim. You should also check with the provider whether any closing payment is required to secure "run-off" cover for any future claim which may arise from an incident pre-dating your dental membership of MPS.

**Please note that signing the declaration on page 6 indicates acceptance of the following requirements:**

Members must keep MPS informed of their current address and any changes in their professional circumstances. Failure to notify us of any change of address, private practice income and scope of practice could result in the withdrawal of the benefits of membership and/or the termination of your membership. The benefits of MPS membership are granted at the discretion of Council and are subject to the terms and conditions of the MPS Memorandum and Articles of Association, as amended from time to time.

**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. Please include any pending, unresolved or closed issues, even those already reported to MPS. If necessary please continue your answers on the enclosed pages. Please note that failure to disclose full and accurate details about your previous history 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.

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 member of MPS, 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)	MPS number	Full name	Other membership or policy number

3. Have you at any stage practiced without professional indemnity during the last 10 years (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 reasons.

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. In the last 10 years, 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

If you have answered YES to any of the above questions please provide details as requested. Use the enclosed pages if needed and include additional pages if required. Failure to disclose full and accurate details about your previous history 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.

**8. In the last 10 years 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 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

**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 was this reported to the regulatory body. (If necessary please continue on a separate sheet).

Yes  No

**13. Are there any other issues of which MPS 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

If you have answered YES to any of the above questions please provide details as requested. Use the enclosed pages if needed and include additional pages if required. Failure to disclose full and accurate details about your previous history 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.

**Section C – Practice details**

If you are registered to practise in any other Country please state which:

Will all your professional practice be carried out in the Country in which you are applying for membership?

Yes  No If No, please provide Country and full details (if necessary please continue on a separate sheet).

Will you be involved in treating or providing advice to patients outside of the Country in which you are applying for membership? (eg telemedicine)

Yes  No If Yes, please provide Country and full details (if necessary please continue on a separate sheet).

Are you a member of the Singapore Dental Association?

Yes

No

In which sector do you work?

Private ONLY

State/Public ONLY

Private and State/Public

How many hours per week on average do you work in **PRIVATE** practice?

Up to 11 hours

More than 11, up to 22 hours

More than 22, up to 33 hours

More than 33 hours

N/A

**IMPORTANT** – Please see end of application form for MPS subscription categories and indicate the grade code most appropriate for your practice: (eg D2)

If you are unsure of the membership category applicable to you, please provide a summary of the work you carry out (ie a detailed scope of practice).

**Additional space for answers**

Please clearly indicate the question number that you are providing details for below.

**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 (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/privacy](http://dentalprotection.org/privacy)

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 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 the Singapore law and The Personal Data Protection Act 2012, we may obtain, process, retain and transfer your personal data as set out in the Privacy Statement on our website [dentalprotection.org/privacy](http://dentalprotection.org/privacy)

Date

Please note this must be the current date

Tick here if you are submitting additional sheets or correspondence.

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 contact us to update your marketing preferences.

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

- |    |                          |   |
|----|--------------------------|---|
| 1. | <input type="checkbox"/> | Personal recommendation                                     |
| 2. | <input type="checkbox"/> | Competitive subscription rates                              |
| 3. | <input type="checkbox"/> | MPS membership co-ordinator, please provide their initials: |
| 4. | <input type="checkbox"/> | Group arrangement   |
| 5. | <input type="checkbox"/> | Dissatisfaction with previous organisation                  |
| 6. | <input type="checkbox"/> | Other (please provide details)                              |



**Dental Protection – Singapore**

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[dentalprotection.org](http://dentalprotection.org)  
[membership@sda.org.sg](mailto:membership@sda.org.sg)

## With effect from 1 January 2021 to 31 December 2021

**SCHEME MEMBERS:** Please note these rates apply only to members who remain current members of the Singapore Dental Association (SDA) throughout the subscription year, and who pay their indemnity subscriptions via the SDA.

Please ensure you are on the correct grade for the amount of hours you work per week. The hours you work should cover all your practice of dentistry involving any contact with or treatment of patients as well as related activities including consultations, advice, treatment planning, consent, record keeping, practice management etc. Members in specified procedure grades must include their hours from all areas of practice not just the time related to undertaking specified procedures.

GENERAL DENTAL PRACTICE	More than 33 hours per week	>22 up to 33 hours per week	>11 up to 22 hours per week	Up to 11 hours per week
	GRADE	GRADE	GRADE	GRADE
First year after graduation	YD1	ZD4	ZD2	ZD1
Second year after graduation	YD2	TD2	YH2	QD2
Full rate – third or subsequent year after graduation	YD3	TD3	YRA	YLA
SPECIFIED PROCEDURES IN PRIVATE PRACTICE				
Facial aesthetic procedures (eg Botulinum Toxin, Dermal Fillers) – (see note 1)	GBF	TBF	HBF	QBF
<b>Specified procedures – Orthodontics</b> Fixed or removable orthodontics, in the absence of any specialist training and higher registerable qualifications in orthodontics	1SO	TSO	2SO	QSO
<b>Specified procedures – Level 1</b> Placing of implants (excluding zygomatic implants) in the mandible or maxilla, including the use of bone grafts but excluding sinus lifts or bone augmentation which involves the floor of the sinus, or extra-oral bone harvesting NB. This grade also includes fixed or removable orthodontics, in the absence of any specialist training and higher registerable qualifications in orthodontics	1SP	1ST	1SH	1SQ
<b>Specified procedures – Level 2</b> Placing of implants in mandible or maxilla, including sinus lifts or bone augmentation which involves the floor of the sinus, but excluding extra-oral bone harvesting	2SP	2ST	2SH	2SQ
<b>Specified procedures – Level 3</b> a) Bone harvesting from anywhere other than the mandible or maxilla b) Any maxillofacial procedures (see definitions below) Maxillofacial procedures Surgical procedures extending beyond the dento-alveolar procedures as defined above, and falling within the recognised specialty of oral and maxillofacial surgery including (but not restricted to) procedures such as: <ul style="list-style-type: none"> <li>Open reduction of complex fractures</li> <li>Advanced surgical treatment of malignancy and other pathology</li> <li>Osteotomies (maxilla and/or mandible)</li> <li>Surgery involving the salivary glands, neck, TMJ or orbital complex</li> <li>Rhinoplasty</li> </ul>	3SP	3ST	4SP	3SQ

	<b>GRADE</b>
Non-Clinical Practice (no contact with patients)	NCS
Employer Indemnified (eg Government) (New graduates can pay YD1 rate in first year, YD2 rate in second year).	EIS
Hygienist	SOH
Therapist	OTS

**DIRECT MEMBERS:** The Direct members rates apply to members who join Dental Protection/MPS directly, as opposed to membership through the Singapore Dental Association.

<b>GENERAL DENTAL PRACTICE</b>	More than 33 hours per week <b>GRADE</b>	>22 up to 33 hours per week <b>GRADE</b>	>11 up to 22 hours per week <b>GRADE</b>	Up to 11 hours per week <b>GRADE</b>
First year after graduation.	D1	D1T	2D1	DQ1
Second year after graduation.	D2	D2T	D2H	D2Q
Full rate – third or subsequent year after graduation.	D3	D3T	LAD	MAD

<b>SPECIFIED PROCEDURES IN PRIVATE PRACTICE</b>				
<b>Specified procedures – Orthodontics</b> Fixed or removable orthodontics, in the absence of any specialist training and higher registerable qualifications in orthodontics.	S1O	T1O	H1O	Q1O
<b>Specified procedures – Level 1</b> Placing of implants (excluding zygomatic implants) in the mandible or maxilla, including the use of bone grafts but excluding sinus lifts or bone augmentation which involves the floor of the sinus, or extra-oral bone harvesting. NB. This grade also includes fixed or removable orthodontics, in the absence of any specialist training and higher registerable qualifications in orthodontics.	S1D	FTD	S1H	S1Q
<b>Specified procedures – Level 2</b> Placing of implants in mandible or maxilla, including sinus lifts or bone augmentation which involves the floor of the sinus, but excluding extra-oral bone harvesting.	S2D	STT	S2H	S2Q
Facial aesthetic procedures (eg Botulinum Toxin, Dermal Fillers) – (see note 1)	GDF	TDF	HDF	QDF
<b>Oral and maxillofacial surgical procedures</b> Surgical procedures extending beyond the dento-alveolar procedures as defined above, and falling within the recognised specialty of oral and maxillofacial surgery including (but not restricted to) procedures such as: <ul style="list-style-type: none"> <li>▪ Open reduction of complex fractures</li> <li>▪ Advanced surgical treatment of malignancy and other pathology</li> <li>▪ Osteotomies (maxilla and/or mandible)</li> <li>▪ Surgery involving the salivary glands, neck, TMJ or orbital complex</li> <li>▪ Rhinoplasty</li> </ul>	SPM	TPM	HPM	QPM

	<b>GRADE</b>
Non-Clinical Practice (no contact with patients)	NCD
Employer Indemnified (eg Government) (New graduates can pay YD1 rate in first year, YD2 rate in second year).	EID
Hygienist	OHD
Therapist	OTD



#### **IMPORTANT NOTES**

Members are reminded that it is their personal responsibility to ensure that the correct subscription is being paid in the relevant membership grade at all times, and to inform the Scheme Administrator or Dental Protection of any changes without delay.

**Entitlement to assistance and indemnity may be jeopardised if an incident arises when a member is paying an incorrect subscription rate in the wrong membership grade.**

**Note 1** – The ‘facial aesthetic procedures’ category includes full general dental practice, including (where the member has been specifically authorised in writing by the Singapore Dental Council), Botulinum Toxin, Dermal Fillers, and/or wrinkle reduction treatments in the lip, the immediate peri-oral area including the naso-labial folds, glabella, forehead, around the eyes but excluding the neck.

#### **PLEASE NOTE**

- (i) Failure to notify us of a change of address and/or the scope of your practice could result in a delay in providing or the suspension or withdrawal of the benefits of membership and/or the cancellation or termination of your membership.
- (ii) You may cancel your membership at the end of any subscription period by giving us prior notice.

#### **YOUR PERSONAL INFORMATION**

For information on our use of your personal data and your rights, please see the Privacy Statement on our website:

[dentalprotection.org/privacy](http://dentalprotection.org/privacy)

**By continuing in membership, you agree and confirm that:**

- (i) You understand that renewal is subject to approval by MPS
- (ii) You acknowledge that any subscription payments made are subject to verification and that acceptance of a payment by MPS does not in itself confirm renewal and/or entitlement to request benefits
- (iii) You will inform us if your personal circumstances or scope of practice change
- (iv) For the purposes of the Singapore law and The Personal Data Protection Act 2010, we may obtain, process, retain and transfer your personal data as set out in the Privacy Statement on our website [dentalprotection.org/privacy](http://dentalprotection.org/privacy)



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