

Application form

Dental student



DDU

Only available to dental students in the UK who are on a GDC recognised dental degree or training programme. Excludes clinical activity undertaken outside of a training post.

Please print your answers clearly using a black or blue pen. Please complete all sections of this form, read the declaration and agreement and sign the statement on page 2. Incomplete or unsigned forms cannot be processed and will be returned.

A Personal details

Please write in CAPITALS

Date of birth Previous DDU number (if applicable)

Title Surname

Forenames Gender

Student or trainee (please tick) Dentist Dental Hygienist & Therapist
 Dental Hygienist Dental Nurse

Permanent address (UK only) Address
Postcode

Email (personal)

Telephone Mobile

Please inform us if you change your address or email address at any time in the future.

B Academic details and general questions

Dental school/college Expected date of qualification

DDU[†] student membership ceases on the first day of the month following your qualification.

Have any concerns ever been raised about your personal or professional conduct, clinical work, educational progress or probity by an employer, academic body, NHS trust, healthcare provider or any other body? (e.g. fitness to practise or disciplinary matters, Care Quality Commission, Healthcare Improvement Scotland or Wales, RQIA or a private hospital). If so, please attach full details with your application.

Please continue on a separate sheet if necessary.

C Communication

We would like to send you important updates and tell you about DDU products and services so please tell us how you would like to receive information from us. We will not share your data with any third party to market their products/services without your consent.

Emails about dento-legal updates including the journal, cautionary tales Emails about similar products and services such as educational courses
Post about similar products and services Text notification about your renewal

You can change your communication preferences at any time in the future. Simply log in to My membership at theddu.com or email membership@theddu.com

Declaration and agreement

I hereby apply for DDU student membership of The Medical Defence Union Limited (MDU), in accordance with its Memorandum and Articles of Association.

I understand and acknowledge that

- The Dental Defence Union is the specialist dental division of The Medical Defence Union Limited and references to the DDU and membership of the DDU mean the MDU and membership of the MDU;
- MDU Services Limited (MDUSL) is the service company for the MDU and DDU and any notices or information which I am required to give to the MDU or DDU should be sent to MDUSL;
- benefits of membership of the DDU are discretionary and are subject to the MDU's Memorandum and Articles of Association;
- benefits will extend only to activities undertaken by me, as part of or during my studies, in the country in which I am registered as a student, and may be granted to me provided that I have complied with all laws, regulations and formal rules and guidance that apply to such activities;
- with the exception of Good Samaritan acts, the benefits of membership may be extended to include an overseas elective provided that:
 - the elective is authorised and approved by the dean of the dental school at which I am registered; and
 - I notify, and the DDU agrees to, the country and dates of my elective in advance of its commencement;
- I undertake that any work I do during such an elective will only be at the request and under the direction of an appropriately qualified practitioner, and will be within my training and experience to date;
- I must notify the DDU in writing of any change in address (including email), country or place of study or any other circumstance which may be relevant to membership;
- a condition of membership of the DDU is that any misrepresentation or misstatement in, or omission of, any information which is likely to influence the acceptance or assessment of this application, whether intentional or not, is cause for immediate rejection of this application or termination of membership and that in such circumstances all benefits of membership of the DDU may be withdrawn or denied.

I declare that to the best of my knowledge and belief the information provided in connection with this application is true and I have not withheld any material facts.

Statement

I have read the information about how you use my personal data and understand that it will be used in accordance with the privacy policy. I confirm that the information provided within this form is complete and accurate.

Signature _____

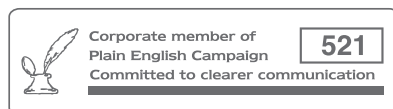
Date

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Return completed form to:

your local DDU liaison manager or email to membership@theddu.com

or post to: FREEPOST MDU SERVICES LIMITED (no further address details required)



¹The Dental Defence Union (DDU) is the specialist dental division of The Medical Defence Union Limited (MDU) and references to the DDU and DDU membership mean the MDU and membership of the MDU.

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