

# Application form

## Dental advantage



# DDU

The DDU<sup>†</sup> can offer discounted membership for dental nurses and FREE membership for one practice manager if you are in a dental practice where one, or more, dentists are DDU members (one must be a principal). To apply, complete all sections of this form.

Please complete in **BLOCK LETTERS**. Signatures **MUST** be obtained from **ALL** names listed. Sign the declaration and return this form with the relevant number of completed dental care professionals and practice manager application forms.

### Dental advantage membership

DDU membership and dental advantage benefits are only available to existing members and new applicants who are accepted into DDU membership. Dental advantage benefits cannot be given retrospectively. The DDU reserves the right to add, withdraw or amend benefits of dental advantage at its discretion.

#### A General Dental Practitioner - Practice principal

Please write in CAPITALS

Please provide the details of at least one dentist who is a DDU member and practice principal\*. A 'Principal' is defined by the DDU as a person who is paying the DDU practice principal subscription.

DDU member number	Surname	Forename(s)	Signature
1.			
2.			
3.			

**Declaration:** I confirm that the details contained on this form are correct. I confirm that I am applying for discounted or free membership on behalf of all those named within this form and that all those named are aware of this application and have agreed for me to pass their personal data<sup>1</sup> to the DDU and have been advised of the DDU's privacy policy. I confirm that the information provided within this form is accurate and complete. I have read and understood the terms and conditions on this form.

Signature \_\_\_\_\_ Date 

D	D	M	M	Y	Y
---	---	---	---	---	---

#### B Practice details (Please use a separate form for each dental practice).

Please write in CAPITALS

Practice name \_\_\_\_\_  
Practice address \_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_

#### C Dental nurse(s)

Please write in CAPITALS

Discounted membership is only available to dental nurses who have a permanent employment contract with the practice. Please provide the names and details of the dental nurses who wish to apply for discounted membership. To apply for individual DDU membership please complete a dental care professionals and practice managers application form.

DDU member number (if applicable)	Surname	Forename(s)	Signature
1.			
2.			
3.			
4.			

<sup>1</sup> How we use your data: for more information on how we use your data to administer membership, see our privacy policy at [theddu.com/privacy](http://theddu.com/privacy)

\* Subject to the terms and conditions in section E on page 2.

D Practice manager

Please write in CAPITALS

FREE\* DDU† membership is available to one practice manager per dental group. To apply for FREE membership please complete a dental care professionals and practice managers application form. Free membership is not available to practice managers who are qualified dental professionals registered with the General Dental Council and/or are partners or have contractual business interest in the practice. Please contact our membership team on 0800 085 0614 for the appropriate subscription.

DDU member number (if applicable)	Surname	Forename(s)	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E Terms and conditions

- Individuals who have signed this form understand that their personal data will be shared with the DDU for the purpose of administering membership in accordance with the privacy policy. This will include transmitting details of their DDU membership status to practice owners/managers, for so long as they are employed at the practice and allowing any employed member of the practice to inform the DDU if they are no longer employed or engaged at the practice.
- Benefits of DDU membership are only available to DDU members or to new applicants whose application forms have been accepted. Benefits of membership cannot be given retrospectively.
- The dental nurse(s) and practice manager must be permanently employed by the practice and be employed by a DDU dentist who is a practice principal to qualify for either discounted or free membership.
- All individuals listed on this application form will be linked on the DDU membership database and an annual summary of members qualifying for free/discounted membership will be sent to the practice principal to ensure it is kept up to date.
- The DDU reserves the right to withdraw the benefits of dental advantage, if there are no DDU dentists who are a practice principal within the practice.
- The benefits of membership are wholly discretionary and are subject to the terms and conditions of the Memorandum and Articles of Association. The DDU is not an insurance company.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date

If you require any help completing this form please contact us.

Call our freephone membership helpline: or Visit our website

0800 085 0614

Lines are open 8am to 6pm, Mon-Fri (except bank holidays).

theddu.com/liaison

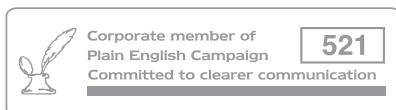
for details of your local DDU liaison manager.

Before returning this form to us, check you have:

- completed each relevant section.
- signed the declaration.

Return completed form to:

FREEPOST MDU SERVICES LIMITED. No stamp is required.



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

MDU Services Limited (MDUSL) is authorised and regulated by the Financial Conduct Authority for insurance mediation and consumer credit activities only. MDUSL is an agent for The Medical Defence Union Limited (MDU). MDU is not an insurance company. The benefits of MDU membership are all discretionary and are subject to the Memorandum and Articles of Association.

MDU Services Limited, registered in England 3957086. Registered Office: One Canada Square, London E14 5GS.