

DDU application form

Foundation dentist



DDU

Save time online

You can complete this form online at theddu.com/apply-now

If you are no longer in dental school or dental foundation training please complete a dentist application form.

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 3. Incomplete or unsigned forms cannot be processed and will be returned.

A Personal details

Please write in CAPITALS

Date of birth DDU number (if applicable)

Title _____ Surname _____

Forenames _____ Previous surname (if applicable) _____ Gender

Permanent address _____ Postcode _____

Email address (personal) _____

Contact number(s) Mobile _____ Alternative _____ (Please tick home or work)

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

B Academic details and general questions

Please write in CAPITALS

Dental school _____ Expected year of qualification

GDC registration number (if known)

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 yes, please include details in section H on page 4.

Are you aware of any incidents or circumstances involving you, irrespective of their seriousness, which could lead to an investigation, complaint, claim, disciplinary action, legal dispute, suspension from practice, imposition of restrictions or conditions on your registration or licence to practise, or your removal from a professional register or of your licence to practise, by a registration body? If yes, please include details in section H on page 4.

Has any professional indemnity provider ever declined to indemnify you, required special terms to indemnify you, cancelled or refused to renew indemnity or charged you an additional premium/subscription? If yes, please include details in section H on page 4.

C Gifts

Please write in CAPITALS

Name badge.

Please state the format that you want your name to appear on your name badge, e.g. Dr Alan S Other.

Please tick if you don't want 'DR' on your name badge. Received Please send

Oxford Handbook or hoodie? Oxford Handbook of Oral and Maxillofacial Surgery

Please select one. A hoodie personalised for your dental school (while stocks lasts) Size

D 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

E Paying your subscription

DDU foundation dentist membership is for 13 months.

Membership start date: (This should be the first month after your expected date of graduation)

Subscription amount

Please be aware that subject to the information you provide and the date you submit your application, your subscription rate may change. If this is the case you will be informed prior to being accepted into membership.



Please note that processing of your payment does not constitute acceptance of your application for membership. Your payment will be refunded if your application is not successful. For your peace of mind we recommend you pay by Direct Debit. You only need to fill in the relevant mandate once and it will roll over from year to year. You are protected by the Direct Debit safeguards and can cancel your authority at any time by contacting your bank or building society.

F Annual Direct Debit payment option

Single annual payment of full amount. You must pay by annual Direct Debit to request your gift (see page 1 for gift details)

Annual Direct Debit mandate. Instructions to your bank/building society to pay by Direct Debit:

Please complete the form below to make payments directly from your account

	<h2 style="margin: 0;">Instruction to your Bank or Building Society to pay by Direct Debit</h2>	
<p>Please fill in the whole form and send it to: MDU Services Limited, One Canada Square, London E14 5GS</p>		
Service user number <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/>	Reference (For office use only) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Name and full postal address of your Bank or Building Society: To: The Manager Bank/Building Society		
Address: Postcode		
Name(s) of Account Holder(s)		
Bank/Building Society account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Branch Sort Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<p>Instruction to your Bank or Building Society - Please pay MDU Services Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with MDU Services Limited and, if so, details will be passed electronically to my Bank/Building Society.</p>		
Signature(s)	Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
Banks and Building Societies may not accept Direct Debit Instructions for some types of account.		
<p>The Direct Debit Guarantee</p> <ul style="list-style-type: none"> ▪ This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits. ▪ If there are any changes to the amount, date or frequency of your Direct Debit MDU Services Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request MDU Services Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request ▪ If an error is made in the payment of your Direct Debit, by MDU Services Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society – If you receive a refund you are not entitled to, you must pay it back when MDU Services Limited asks you to ▪ You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us. 		

G Alternative payment option

Debit/credit cards. Single annual payment of full amount. We will contact you for payment once your application has been processed. Please ensure you have provided your telephone number in section A.

Declaration and agreement

I hereby apply for DDU membership of The Medical Defence Union Limited (the 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 DDU membership mean the MDU and MDU membership;
- 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 may be granted to me only as long as I comply with the laws on registration and licensing in force in any country where I practise or engage in postgraduate study;
- removal from a professional register (even if voluntary) or any change in registration should be notified to MDUSL as this will affect membership;
- with the exception of Good Samaritan acts, the benefits of membership do not extend to any practice undertaken in the USA or Canada or any litigation which may arise in these countries or in the territories and principal island groups under their sovereignty. Restrictions also apply for other countries;
- I must notify MDUSL in writing of any change in address, country or practice 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.

Third party reimbursements

I understand and acknowledge that, should a third party pay my membership subscription on my behalf, any reimbursement of that subscription will be paid to that third party unless I notify you in writing to the contrary.

How your information will be used

- The Data Controller for your Data is the Medical Defence Union Limited. Our privacy policy sets out, in detail, what personal information we hold about you and how we use it.
- We will use your personal information for the purposes outlined in our privacy policy which include: to administer your membership and provide your benefits and services of membership including providing advice and to administer legal claims. Find out more at theddu.com/privacy
- We may share your personal information with third parties to assist with the provision of these services and only where the law permits.

Statutory communications

I agree to:

- having access to the MDU's annual accounts, directors' report and auditor's report, and any other documents or information sent or supplied by the DDU, on the DDU website at theddu.com
- notice of general meetings of the MDU being given to me by access to the DDU website, together with details of any proxy appointment deadlines
- being notified by email, with a link provided to the relevant information, of the publication or availability of notice of general meetings, or any other documents or information sent or supplied by the DDU, on the DDU website
- notify MDUSL of my email address, which may be used for sending email for the above purposes. Any email address given by me elsewhere on this form is the relevant email address for this purpose, until I notify any change. I understand that if the DDU does not have my email address, I will receive notification by post instead of by email
- notify MDUSL of changes in my email address.

Further information on email communication and statutory information, including any system requirements, is available at theddu.com/aggm

As a not-for-profit, mutual membership organisation we have to send you statutory communications. If you would prefer to receive statutory communications in paper please tick below.

I want a PAPER copy

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 an accurate representation of my practice.

Signature _____

Date

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