

# Application form

## Dentists



# DDU

### A Personal details

Please write in CAPITALS

Date of birth	<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"/>	Former DDU number (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Title	Surname		
Forenames	Previous surname (if applicable)	Gender	<input type="text" value="M"/> <input type="text" value="F"/>
Home address	Postcode:		
Correspondence will be sent to this address unless indicated in F4			
Preferred email	(Please tick home or work)		<input type="text" value="H"/> <input type="text" value="W"/>
Secondary email	(Please tick home or work)		<input type="text" value="H"/> <input type="text" value="W"/>
Contact number(s) Mobile	Alternative	(Please tick home or work)	
		<input type="text" value="H"/> <input type="text" value="W"/>	

### B Academic details

Please write in CAPITALS

Country of graduation	Dental school/university	Qualification obtained	Graduation 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"/>

### C Previous professional indemnity history

Please write in CAPITALS

Please complete all sections of the below table to confirm full details of all your indemnity/insurance providers since qualification.

**All dates** should be accounted for, including periods when you were not working (e.g. parental leave) or had indemnity provided by your employer (e.g. indemnity from NHS bodies) or indemnity was not required in the country you were working in.

Start date	End date	Indemnifier name (and address if not UK) or reason for gap	Registration no / Membership no

**You may wish to contact your previous indemnity provider(s) directly to request a letter of good standing; this will help with the application process.**

### D Registration details

Please write in CAPITALS

GDC registration 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"/>				
Registration start date	<input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Registration expiry	<input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Registration status	<input type="text"/> Full <input type="text"/> Temporary

### 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	<input type="text" value="Y"/> <input type="text" value="N"/>	Emails about similar products and services such as educational courses	<input type="text" value="Y"/> <input type="text" value="N"/>
Post about similar products and services	<input type="text" value="Y"/> <input type="text" value="N"/>	Text notification about your renewal	<input type="text" value="Y"/> <input type="text" value="N"/>

You can change your communication preferences at any time in the future. Simply log in to My membership at [theddu.com](http://theddu.com) or email [membership@theddu.com](mailto:membership@theddu.com)

## E General questions

Please tick relevant answer

 Please read questions E1 to E10 carefully. Any misrepresentation or omission of information may lead to the rejection of your application, subsequent termination of membership or withdrawal or denial of benefits. If in doubt, tick 'yes'

If you answer 'yes' to any question, please provide details on page 3 including:

- Question number
- Relevant dates of incident(s), hearing(s) etc.
- The nature of the matter in question
- The status of the matter? Potential issue/ongoing matter/concluded
- If concluded, please advise how the matter was resolved
- Whether you were assisted by an insurer, medical defence organisation or other body

We may telephone you during the processing of your application.

- |            |  |                            |                            |
|------------|--|----------------------------|----------------------------|
| <b>E1</b>  | In the last 10 years, have you had any complaints or claims brought or threatened against you, irrespective of their merits or seriousness?  | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| <b>E2</b>  | Have any concerns ever been raised about your conduct, clinical practice or performance, educational progress, business administration or probity by an employer, academic body, NHS trust, clinical colleague or any other body? (e.g. Care Quality Commission, Healthcare Improvement Scotland or Wales, RQIA or a private hospital)   | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| <b>E3</b>  | Have you ever been the subject of an investigation or action under a disciplinary process or the NHS Performers List Regulations, irrespective of the merits or seriousness of the matter that led to this?  | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| <b>E4</b>  | Have you ever been suspended or dismissed from a post or had practice privileges or admitting rights withdrawn, suspended or made subject to restrictions or conditions?   | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| <b>E5</b>  | Have you ever been the subject of an investigation or an adverse finding by a registration or licensing body? (e.g. GMC, NMC, GDC – case examiner stage onwards, including any Fitness to Practise procedures or any other body, e.g. the National Clinical Assessment Service or a Royal College)   | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| <b>E6</b>  | Have you ever had any condition, undertakings or restrictions imposed on your registration or licence to practise, or been removed, refused or erased from registration or had a licence to practise withdrawn or refused, by a registration or licensing body?  | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| <b>E7</b>  | 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?   | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| <b>E8</b>  | <p>Have you ever been charged with, or convicted of, a criminal offence, or received a formal Police Caution?</p> <p>We need your consent to process information about spent criminal convictions and police charges to assess the accuracy of events notifiable to Regulators of fitness to practise.</p> <p>I consent to my information being processed for this purpose. <input type="checkbox"/></p> <p>Include any motoring offence even if you were fined but not imprisoned but exclude fixed penalty notices for speeding offences or parking tickets. You should not disclose any cautions or convictions which are 'protected' under the 2013 amendment to the Rehabilitation of Offenders Act 1974 Exceptions Order 1975.</p> | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| <b>E9</b>  | 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?  | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| <b>E10</b> | Have you ever been bankrupt or subject to insolvency proceedings, or entered into or proposed any voluntary arrangement with creditors?  | <input type="checkbox"/> Y | <input type="checkbox"/> N |



## F Professional details

## F1 Position held

**F1A** Please indicate the position(s) that you hold

	Main role (Role 1)	Additional role (Role 2)	Additional role (Role 3)
General Dental Practitioner <sup>1</sup> – Principal <sup>2</sup>			
General Dental Practitioner <sup>1</sup> – Associate (or Assistant)			
Hospital Dentist			
Community Dentist			
Non Clinical Dentist			
Maxillo facial surgeon			

<sup>1</sup> **General Dental Practitioner** – we mean a general or specialist dental practitioner working mainly or wholly in the NHS General Dental Services, NHS Personal Dental Services and/or private dental practice.

<sup>2</sup> A **'Principal'** is defined by the DDU as a person who does any of the following:

- Employs any staff who work in a dental practice.
- Commissions clinical services to be provided in a practice by other GDC registered dental professionals.
- Owns or runs a dental practice or a clinical facility, either as a sole practitioner or with others.
- A Dental Director of a Dental Body Corporate, or a partner in a limited liability or other dental practice partnership, including expense sharing partnerships.
- Registered provider with the CQC.
- An independent contractor 'provider' of NHS General Dental Services to a Primary Care Commissioning body or Health Board (does not include dentists employed directly by the Primary Care Commissioning body or Health Board).

**F1B** Please provide further details for each role listed in question F1A

		Main role (Role 1)	Additional role (Role 2)	Additional role (Role 3)
<b>What setting is this role in?</b>	Dental practice			
	NHS hospital			
	Community based			
	Private hospital			
	Other, please specify .....			
<b>What level of indemnity is already in place for this role?</b>	Indemnity (for claims only) from an NHS body			
	No indemnity			
	Other, please specify .....			
<b>How many sessions per week do you undertake this role?</b>				

Please note – your subscription will be based on the average number of sessions you work in a week. A session is each 4 hours or part of 4 hours worked. To calculate your average weekly sessions take the average number of hours you work per year, divide it by 52 and then divide by 4.

## F Professional details (continued...)

**F1C** Do you undertake implants, sinus lifts or bone harvesting?  Y  N

If 'yes', how many hours per week do you spend (on average) undertaking each of the following in each role?

	Main role (Role 1)	Additional role (Role 2)	Additional role (Role 3)
Placement of osseointegrated implants	hrs	hrs	hrs
Restoration of osseointegrated implants	hrs	hrs	hrs
Sinus Lifts	hrs	hrs	hrs
Intra oral bone harvesting	hrs	hrs	hrs
Extra oral bone harvesting	hrs	hrs	hrs

**F1D** Do you administer Botulinum toxin and/or non-permanent FDA approved resorbable dermal fillers to the lips or the face, but excluding the neck or any other part of the body, **and require indemnity for this from the DDU?**  Y  N

If 'yes', please advise what you expect your gross income to be (from all roles) from these procedures in your first year of DDU membership.

Gross annual income

**F1E** Do you do any other non-dental cosmetic work?  Y  N

If 'yes', we will telephone you during the processing of your application form to discuss your work further.

**F1F** Do you undertake any alternative/complementary medicine as part of your dental treatment plan?  Y  N

If 'yes', please advise what type of alternative/complementary medicine (e.g. hypnosis) \_\_\_\_\_

We may telephone you during the processing of your application form to discuss your work further.

**F1G** Do you provide or are you involved in the provision of Zygomatic implants, chirodontics, orthotropics, dento-facial orthopaedics, cervico-spinal treatment, the treatment of TMJ disorders, or any work that involves other professions, such as osteopaths, chiropractors, or physiotherapists?  Y  N

If 'yes', please provide full details below including training, continuing on a separate sheet of paper if necessary.

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**F1H** Do you give online advice or do any online prescribing?  Y  N

If 'yes', we will telephone you during the processing of your application form to discuss your work further.

**F1I** Do you also have GMC registration?  Y  N

If 'yes', please provide your GMC registration number & describe your current practice.

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## F2 Training

**F2A** Will you be undertaking vocational training equivalence?  Y  N

If 'yes', please provide the start and end date of your course:

Start date  D  D  M  M  Y  Y

End date  D  D  M  M  Y  Y

## F Professional details (continued...)

**F2B** Will you be undertaking a 2nd year of Foundation training?  Y  N

If 'yes', please provide the start and end date of your 2nd year of Foundation training:

Start date  D  D  M  M  Y  Y      End date  D  D  M  M  Y  Y

### F3 Other work

**F3A** Do you undertake any work outside of the UK, **and require indemnity for this from the DDU?**  Y  N

If 'yes', we will telephone you during the processing of your application form to discuss your work further.

**F3B** Do you have any other clinical work, not detailed elsewhere, or do anything which is not classified as normal for your specialty/group, for which you require access to indemnity from the DDU?  Y  N

If 'yes', please provide full details. We may telephone you during the processing of your application form to discuss your work further.

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### F4 Location of work

Please provide details of the location of all work you have advised us of in this form.

#### Role 1

A single location  Y  N If 'yes' please provide address and tick if this is your preferred address for correspondence

Postcode:

Multiple locations  Y  N If you work in multiple locations, we may telephone you during the processing of your application form to discuss your work further.

#### Role 2

A single location  Y  N If 'yes' please provide address and tick if this is your preferred address for correspondence

Postcode:

Multiple locations  Y  N If you work in multiple locations, we may telephone you during the processing of your application form to discuss your work further.

#### Role 3

A single location  Y  N If 'yes' please provide address and tick if this is your preferred address for correspondence

Postcode:

Multiple locations  Y  N If you work in multiple locations, we may telephone you during the processing of your application form to discuss your work further.

**G** Why have you chosen to apply for DDU membership?

Please tick all that apply

Subscription rates  Dissatisfaction with previous indemnity provider   
 Personal recommendation  Dental Advantage

Please provide your Dental Advantage number 

Other (please give details in space provided) \_\_\_\_\_

**H** How did you hear about us?

Please tick all that apply

DDU representative  DDU website  I am a previous member  Colleague  
 An article/advert  At an event  Other (please give details in space provided)

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**I** Paying your subscription

Your prospective membership will commence from the date that your completed application form is received by our membership department unless you specify a start date after this. This does not constitute acceptance of your membership, however, we will notify you if and when this is successful. Should you require your prospective membership to commence from today, please complete the 'Get a quote' form at [theddu.com/quote](http://theddu.com/quote), or **call the freephone membership helpline on 0800 085 0614**. Lines are open Mon to Fri, 8am to 6pm (except bank holidays).

Membership start date: Immediately:  Future date:

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 you can pay by Direct Debit. We can debit the full amount from your account each year (see section J). You only need to fill in the mandate once and it will continue 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.

**Payment options:**

Annual Direct Debit (single annual payment of full amount) - Please complete section J

Monthly payments option - Please complete section K



Alternative payment options - Please complete section L

## J Annual Direct Debit payment option

Single annual payment of full amount.

**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

	<b>DDU</b>	<b>Instruction to your Bank or Building Society to pay by Direct Debit</b>	
Please fill in the whole form and send it to: MDU Services Limited, One Canada Square, London E14 5GS			
Service user number	Reference (For office use only)		
<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"/>	<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	Branch Sort Code		
<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"/>		
<b>Instruction to your Bank or Building Society</b> - 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.			
<b>Signature(s)</b>	<b>Date</b>		
	<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.			
<b>The Direct Debit Guarantee</b>			
<ul style="list-style-type: none"> <li>• This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.</li> <li>• 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</li> <li>• 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</li> <li>– If you receive a refund you are not entitled to, you must pay it back when MDU Services Limited asks you to</li> <li>• 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.</li> </ul>			

## K Monthly payments option

(Credit agreement provided by Premium Credit Limited)

Monthly instalments (no immediate payment is required).

Have you incurred more than three CCJs against you within the last two years that have not been satisfied?

Y Please choose an alternative payment option

N Please complete the Premium Credit mandate on page 9.

Please note that if you choose to pay by monthly instalments, Premium Credit Limited may apply a small interest charge. Premium Credit Limited will provide further details to you before any payments are taken. Payments will be taken over 10 months.

**Please do not complete the annual Direct Debit mandate for a monthly payment option, as it only applies to single annual payment of the full amount.**

## L Alternative payment options

**Cheque.** Please enclose a cheque made payable to 'MDU Services Ltd'.

**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.





## Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form using a ballpoint pen and return to: The DDU, One Canada Square, London E14 5GS

Premium Credit Ltd  
Ermyn House, Ermyn Way,  
Leatherhead, KT22 8UX

Name(s) of Account Holder(s)

Service user number

9	4	2	4	6	1
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Reference (For office use only.)

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Bank/Building Society account number

--	--	--	--	--	--	--	--	--	--

Branch Sort Code

--	--	--	--	--	--

### Instruction to your Bank or Building Society

Please pay Premium Credit Ltd 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 Premium Credit Ltd and, if so, details will be passed electronically to my bank/building society.

Name and full postal address of your Bank or Building Society:

To: The Manager	Bank/Building Society
Address:	
Postcode	

Signature(s)

Date

D	D	M	M	Y	Y
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Banks and Building Societies may not accept Direct Debit Instructions for some types of account.

This guarantee should be detached and retained by the payer.

### The Direct Debit Guarantee



- 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 5 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.

## Important information about monthly instalments

If you have incurred more than three CCJs against you within the last two years that have not been satisfied, you will need to choose an alternative payment option.

Payment of your DDU subscription fees by monthly instalments requires you to enter into a separate credit agreement with a third party credit provider, Premium Credit Limited.

It is important that you read this section about the Premium Credit agreement carefully. You should also read the pre-contract credit information provided with the credit agreement that Premium Credit will send you. They explain the key features of the credit agreement to help you decide whether their product is suitable for your needs and financial situation.

### What the loan is for

The credit agreement can be used to finance membership subscriptions and any other amounts payable for changes to, or the renewal of, your membership.

### Payments

The monthly payment you will have to pay will be dependent on your subscription and the interest (called the 'transaction fee' in the credit agreement and other documentation). For specific details, please call our freephone membership helpline on 0800 085 0614.

If there are changes to your subscription we will advise Premium Credit who will let you know how this affects your monthly payment schedule.

Features of the credit agreement that you should be aware of:

- You can only borrow up to your credit limit. Premium Credit may change the limit at any time.
- The agreement sets out all Premium Credit's standard charges but the ONLY charge that applies for DDU membership is the interest (called the 'transaction fee' in the agreement). Premium Credit Ltd will advise you of the amount of interest which is currently 2.05%.
- Unless you tell Premium Credit otherwise they may communicate with you electronically using either your email address or any online portal that they set up or operate. Reducing paper is one of their green goals, so we ask that you support their environmentally friendly approach by signing your credit agreement electronically. The credit agreement is subject to English Law.

### Consequences of non-payment

Failing to make a payment when it is due or if your Direct Debit Instruction is cancelled breaches the terms of the credit agreement and Premium Credit may take action to recover any outstanding amount from you. It may result in cancellation of the credit agreement and your DDU membership which is financed by it.

### Right of withdrawal

You have the right to withdraw from the Premium Credit agreement before the end of 14 days, beginning with whichever is the later of the following – the day after

- the credit agreement is made;
- you receive Premium Credit's terms and conditions (and any other information which they are required to give you with those terms and conditions);
- they notify you of the Credit Limit (if they have told you what this is in the Agreement);

To exercise this right you must notify Premium Credit by emailing [customer.services@pcl.co.uk](mailto:customer.services@pcl.co.uk) or calling **0344 736 9826** or writing to them at Operations Centre, Premium Credit Limited, Ermyn House, Ermyn Way, Leatherhead, KT22 8UX.

You must pay the whole balance in full without undue delay and no later than 30 days after notifying them you wish to withdraw from the Agreement. If you do, no interest is payable on the balance. Payment must be by debit or credit card over the phone by calling the number provided above or by cheque made payable to Premium Credit Limited sent to the Accounts Department at the address above.

If you exercise your right to withdraw from the credit agreement you will need to find alternative means to pay for your DDU membership or there is a risk that it may be cancelled.

### Data sharing

If you wish to pay your subscription fee by monthly instalments, we will pass your personal details to Premium Credit Limited in order for them to set up an agreement between you and them. The personal data we will share with Premium Credit Limited includes your contact information, date of birth and bank account details.

Before Premium Credit contacts you or accepts your application for credit, they will carry out credit-worthiness and affordability checks using your personal information to establish whether or not you are eligible to receive credit from them. These checks will leave a record on your credit file.

Premium Credit will pass details of the credit agreement and payment history information arising from your credit agreement with them to credit reference agencies. Further details are provided in Premium Credit's privacy policy available at [premiumcredit.com/privacy-notice](https://premiumcredit.com/privacy-notice)

## 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.

### Third party authorisation

You can authorise a third party to discuss or amend your membership record on your behalf. It is your responsibility to gain their agreement and advise them of the DDU's privacy policy.

Please tick if you authorise a third party to: discuss  discuss and amend

Third party details:

First name \_\_\_\_\_

Last name \_\_\_\_\_

Authorisation password (for your own security do not use a personal password).

The authorised person will be asked for this password when contacting our membership team.

Tick here to remove all previous third party authorisation that may currently be on your record.



## 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.

I authorise and request my current and any former dental defence organisation, insurance company or indemnity provider to release to MDU Services Ltd information regarding my membership or my insurance or indemnity contract, complaints of a dento-legal nature, claims or actions for damages or compensation, past or present, during my period of membership and/or indemnity, whether or not there has been a final resolution, and I understand that if I do not provide my authority, this will be considered when processing my application and is likely to adversely affect the outcome of my application.

Signature \_\_\_\_\_

Date

D	D	M	M	Y	Y
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### 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](https://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](https://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/agm](https://theddu.com/agm)

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

# How to contact us

## Membership

**t** 0800 085 0614

**e** [membership@theddu.com](mailto:membership@theddu.com)

## Dento-legal team

**t** 0800 374 626

**e** [advisory@theddu.com](mailto:advisory@theddu.com)

## Your feedback

Give us your feedback about the DDU  
[theddu.com/feedback](http://theddu.com/feedback)

## Website

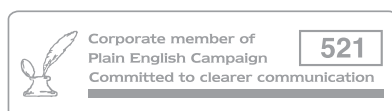
[theddu.com](http://theddu.com)

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## Return completed form to:

your local DDU liaison manager or email to [membership@theddu.com](mailto:membership@theddu.com) or post to:  
FREEPOST MDU SERVICES LIMITED (no further address details required)

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\*The 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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