Application form

Dental Care Professionals and Practice Managers
Please print your answers clearly, using a black or blue pen. Please complete all sections of this form, read the declaration and agreement on page 11 and sign the statement at the bottom of page 3. Incomplete or unsigned forms cannot be processed and will be returned.

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

Call our freephone membership helpline:

0800 085 0614 Lines are open 8am to 6pm, Mon-Fri (except bank holidays).

or

Visit our website

theddu.com/liaison for details of your local DDU† liaison manager.

Before returning this form to us check you have:

- completed each relevant section
- completed your payment choice
- signed the statement on page 3

Return the completed form to:

FREEPOST MDU SERVICES LIMITED (no further address details required) or email to membership@themdu.com
A Personal details

Please write in CAPITALS

Date of birth D D M M Y Y  Former DDU number (if applicable)  

Title Surname  

Forenames Previous surname (if applicable) Gender M F  

Home address  

Postcode:  

Correspondence will be sent to this address unless indicated in F5  

Preferred email (Please tick home or work) H W  

Secondary email (Please tick home or work) H W  

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

B Academic details

Please write in CAPITALS

Country of graduation Dental school/college/university Qualification obtained Graduation date  

C Previous professional indemnity history (since qualification)

Please write in CAPITALS

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. Practice managers, if no previous indemnity held please confirm below.

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 Other details

Please write in CAPITALS

Registration number  

Registration body  

Registration start date D D M M Y Y  

Statement: Please complete the form and sign below

I confirm that the information provided within this form is complete and an accurate representation of my practice. I consent to all use and processing of my personal data in accordance with the terms of the DDU's privacy policy. I agree to receive notices, documents and other information from the DDU by electronic communication unless I have indicated otherwise on page 11.

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 consent to the disclosure of such information to the DDU.

† 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.

Signature Date D D M M Y Y  

Office use only
### General questions

Please read questions E1 to E11 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 5 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 was 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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>E1</td>
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<td>E2</td>
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<td>E3</td>
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<td>E10</td>
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<tr>
<td>E11</td>
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</tbody>
</table>

E1 Have you, in the last 10 years, had any complaints or claims brought or threatened against you, irrespective of their merits or seriousness?

E2 Have any concerns ever been raised about your conduct, clinical practice or performance, educational progress, business administration or probity by an employer, dental school, NHS trust, clinical colleague or any other body? (e.g. Care Quality Commission or a private hospital)

E3 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?

E4 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?

E5 Have you ever been the subject of an investigation or an adverse finding by a registration or licensing body? (e.g. GMC/GDC – case examiner stage onwards) or any other body, e.g. the National Clinical Assessment Service or a Royal College)

E6 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 licencing body?

E7 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?

E8 Have you ever been charged with, or convicted of, a criminal offence, or received a formal Police Caution? (Including any motoring offence even if you were fined but not imprisoned but excluding 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)

E9 Has any professional indemnity insurer or medical defence organisation ever declined to indemnify you, required special terms to indemnify you, cancelled or refused to renew your policy or membership or charged you an additional premium/subscription?

E10 Have you ever been bankrupt or subject to insolvency proceedings, or entered into or proposed any voluntary arrangement with creditors?

E11 Are there any other facts or circumstances that may be relevant to our considering your application? If so, please provide details.
### Additional information for section E

<table>
<thead>
<tr>
<th>Question number</th>
<th></th>
</tr>
</thead>
</table>

Please continue on a separate sheet if necessary.
Work circumstances

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.

The DDU does not currently provide indemnity to dental care professionals carrying out botulinum toxin and collagen replacement therapy, and all similar cosmetic procedures.

F1 Please mark below all the work you undertake for which you require access to indemnity from the DDU.

<table>
<thead>
<tr>
<th>Job role</th>
<th>Main role (Role 1)</th>
<th>Additional role (Role 2)</th>
<th>Additional role (Role 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice manager</td>
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<tr>
<td>Dental nurse</td>
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<td></td>
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<tr>
<td>Dental technician</td>
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<td></td>
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<tr>
<td>Orthodontic therapist</td>
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<td></td>
<td></td>
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<tr>
<td>Clinical dental technician</td>
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<td></td>
<td></td>
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<tr>
<td>Dental hygienist</td>
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<td></td>
<td></td>
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<tr>
<td>Dental therapist</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>What setting is this role in?</th>
<th>Main role (Role 1)</th>
<th>Additional role (Role 2)</th>
<th>Additional role (Role 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental practice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHS hospital</td>
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<td></td>
<td></td>
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<tr>
<td>Private hospital</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other, please specify</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>What level of indemnity is already in place for this role?</th>
<th>Main role (Role 1)</th>
<th>Additional role (Role 2)</th>
<th>Additional role (Role 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indemnity (for claims only) from an NHS body</td>
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<td></td>
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<tr>
<td>Vicarious indemnity via the employing dentist’s indemnity</td>
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<tr>
<td>No indemnity</td>
<td></td>
<td></td>
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<tr>
<td>Other, please specify</td>
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</tbody>
</table>

| How many sessions per week do you undertake this role? | |
|--------------------------------------------------------| |

Are you a practice owner? *

* A ‘Practice owner’ 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).
### F2  Questions for all (except practice managers)

<table>
<thead>
<tr>
<th>Role</th>
<th>Main role (Role 1)</th>
<th>Additional role (Role 2)</th>
<th>Additional role (Role 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Do you treat patients under a direct access arrangement?</td>
<td></td>
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<tr>
<td></td>
<td>Do you undertake duties not considered by the GDC as within your scope of practice?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### F3  Question for Dental hygienists & Dental therapists ONLY

<table>
<thead>
<tr>
<th>Role</th>
<th>Main role (Role 1)</th>
<th>Additional role (Role 2)</th>
<th>Additional role (Role 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Do you undertake tooth bleaching?</td>
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<td></td>
</tr>
</tbody>
</table>

If 'yes', please provide details of any training undertaken.

### F4  Question for Clinical dental technicians ONLY

<table>
<thead>
<tr>
<th>Role</th>
<th>Main role (Role 1)</th>
<th>Additional role (Role 2)</th>
<th>Additional role (Role 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Do you undertake implant retained dentures?</td>
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</tbody>
</table>
Please provide details of the location of all work you have advised us of in this form.

**Role 1**
A single location [N] [Y] If ‘yes’ please provide address and tick if this is your preferred address for correspondence

[Postcode:]

Multiple locations [N] [Y] 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 [N] [Y] If ‘yes’ please provide address and tick if this is your preferred address for correspondence

[Postcode:]

Multiple locations [N] [Y] 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 [N] [Y] If ‘yes’ please provide address and tick if this is your preferred address for correspondence

[Postcode:]

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

Do you do any of the following, and require indemnity from the DDU for this work?

- Overseas work [N] [Y]
- Other clinical work, not mentioned elsewhere [N] [Y]

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

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 Services – text alerts

We can send important text alerts to your mobile phone provided you have given us your mobile number on page 3. Please indicate below if you would like to opt in to text alerts. You can stop text alerts at any time in the ‘My membership’ section of our website.

☐ Notification regarding your DDU renewal

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, or call the freephone membership helpline on 0800 085 0614. Lines are open Mon to Fri, 8am to 6pm (except bank holidays).

Date membership to commence: Immediately: ☐ Future date: DDD M M Y Y

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 Payment Option - Please complete section K
- Alternative Options - Please complete section L
J Annual Direct Debit payment option

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

Annual Direct Debit mandate. Instructions to your bank/building society to pay by Direct Debit:
Please complete parts J1-J4 to make payments directly from your account

J1 Full name and postal address of bank/building society - including postcode:

J2 Name of the account holder

J3 Bank/building society account number: Bank/building society sort code:

Originator’s identification number: 991121

J4 Your instruction to the bank/building society and signature:

- I instruct you to pay Direct Debits from my account at the request of MDU Services Limited
- The amounts are variable and may be debited on various dates
- I understand that MDU Services Limited may change the amounts and dates only after giving me prior notice
- I will inform the bank/building society in writing if I wish to cancel this instruction
- I understand that if any Direct Debit is paid which breaks the terms of the instructions, the bank/building society will make a refund

Signature _________________________________ Date D D M M Y Y

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.

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?

☐ Please choose an alternative payment option ☐ We will contact you once your application has been processed to set this up

Please note that if you choose to pay by monthly instalments, Premium Credit Limited will send you the credit agreement with payment details before payments are taken. They will apply a small interest charge. Payment will be taken over 10 months.

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.
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 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 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 the DDU 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 the DDU 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 MDU may be withdrawn or denied.

I declare that to the best of my knowledge and belief the information provided in connection with this application, whether in my own hand or not, 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 returned to that third party unless I notify you in writing to the contrary.

Third party authorisation

Please tick if you authorise a third party to:

[ ] discuss only
[ ] discuss and amend

your membership after membership has been confirmed.

Please provide the third party's

First name
Surname

Please provide a password that the person named above will need to give when discussing or amending your membership on your behalf

Data protection

Note: The DDU’s privacy policy, which can be found on the DDU website at theddu.com/privacy sets out:

• that the DDU/MDU, MDUSL and other Permitted Users will keep and use your personal information;
• the purposes for which your personal information will be used and what the DDU/MDU and MDUSL can send to you, including marketing communications.

Please read the privacy policy carefully as your signature of the declaration on page 3 of this application is your consent to the way in which your personal data may be used.

Communications

We will send you materials we think will be of interest to you. You can choose NOT to receive these by ticking below or, at any time in the future, updating your preferences on the DDU website at theddu.com You may also write to the membership team at One Canada Square, London E14 5GS or email membership@theddu.com

I do NOT wish to receive:

[ ] marketing communications about similar products and services.
[ ] email marketing communications. This does not include dento-legal updates and information about managing your membership.

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 MDU, on the MDU website at themdu.com
• notice of general meetings of the MDU being given to me by access on the MDU website, together with details of any proxy appointment deadlines
• being notified by electronic mail of the publication or availability of notice of general meetings, or any other documents or information sent or supplied by the MDU, on the MDU website, the address of the website, the place on the website where the documents or information may be accessed and how the documents or information may be accessed
• being sent or supplied by the MDU with notice of general meetings or any documents or information, by electronic mail
• notify the DDU of my email address, which may be used for sending electronic mail 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 electronically
• notify the DDU of changes in my email address.

Further information on electronic communication and statutory information, including any system requirements, is available at themdu.com/agm

As a not for profit, mutual membership organisation we have to send you statutory communications. If you DO NOT wish to receive statutory communications electronically, tick here [ ] and it will be sent to you by post.
How to contact us

**Membership**
- tel 0800 085 0614
- email membership@theddu.com

**Dento-legal team**
- tel 0800 374 626
- email advisory@theddu.com

**Your feedback**
Give us your feedback about the DDU
theddru.com/feedback

**Website**
theddru.com

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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.

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.