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 and sign the statement on page 11.

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 11.

Return the completed form to:
FREEPOST MDU SERVICES LIMITED (no further address details required) or email to membership@theddu.com
A  Personal details

Please write in CAPITALS

Date of birth D D M M Y Y

Title

Forenames

Surname

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 D D M M Y Y

C  Previous professional indemnity history (since qualification)

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. 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

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 Y N

Emails about similar products and services such as educational courses Y N

Post about similar products and services Y N

Text notification about your renewal Y N

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
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1</td>
<td>In the last 10 years, have you had any complaints or claims brought or threatened against you, irrespective of their merits or seriousness?</td>
</tr>
<tr>
<td>E2</td>
<td>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)</td>
</tr>
<tr>
<td>E3</td>
<td>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?</td>
</tr>
<tr>
<td>E4</td>
<td>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?</td>
</tr>
<tr>
<td>E5</td>
<td>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)</td>
</tr>
<tr>
<td>E6</td>
<td>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?</td>
</tr>
<tr>
<td>E7</td>
<td>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?</td>
</tr>
<tr>
<td>E8</td>
<td>Have you ever been charged with, or convicted of, a criminal offence, or received a formal Police Caution? 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. I consent to my information being processed for this purpose.</td>
</tr>
<tr>
<td>E9</td>
<td>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?</td>
</tr>
<tr>
<td>E10</td>
<td>Have you ever been bankrupt or subject to insolvency proceedings, or entered into or proposed any voluntary arrangement with creditors?</td>
</tr>
</tbody>
</table>
**Additional information for section E**

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

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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental nurse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental technician</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontic therapist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical dental technician</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental hygienist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental therapist</td>
<td></td>
<td></td>
<td></td>
</tr>
</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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, please specify</td>
<td></td>
<td></td>
<td></td>
</tr>
</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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vicarious indemnity via the employing dentist's indemnity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No indemnity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, please specify</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How many sessions per week do you undertake this role?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you a practice owner? *</td>
</tr>
</tbody>
</table>

* 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 1</th>
<th>Role 2</th>
<th>Role 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you treat patients under a direct access arrangement?</td>
<td></td>
<td></td>
</tr>
<tr>
<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 1</th>
<th>Role 2</th>
<th>Role 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you undertake tooth bleaching?</td>
<td></td>
<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 1</th>
<th>Role 2</th>
<th>Role 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you undertake implant retained dentures?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
F5  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.

F6  Do you do any of the following, and require indemnity from the DDU for this work?

Overseas work  Y  N  
Other clinical work, not mentioned elsewhere  Y  N  
If 'yes', we will 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  
Personal recommendation  
Dissatisfaction with previous indemnity provider  
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)  


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).

Membership start date:    Immediately: □   Future date:    D D 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 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:

<table>
<thead>
<tr>
<th>Service user number</th>
<th>Reference (For office use only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 9 1 1 2 1</td>
<td></td>
</tr>
</tbody>
</table>

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

To: The Manager

Address: [Redacted]

Postcode: [Redacted]

**Name(s) of Account Holder(s):**

Bank/Building Society account number: [Redacted]

Branch Sort Code: [Redacted]

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

- Please complete the form below to make payments directly from your account.
- **Service user number**
- **Reference** (For office use only)
- **Name and full postal address of your Bank or Building Society:**
- **To:** The Manager
- **Address:** [Redacted]
- **Postcode:** [Redacted]
- **Name(s) of Account Holder(s):**
- **Bank/Building Society account number**
- **Branch Sort Code**

**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.

<table>
<thead>
<tr>
<th>Signature(s)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DDMYY</td>
</tr>
</tbody>
</table>

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

### 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 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 account.
- 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?
  - [Y] Please choose an alternative payment option
  - [N] 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 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.
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 MDU 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.

I agree to:

As a not for profit, mutual membership organisation we have to:

- have 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;
- being notified of general meetings of the MDU being given to me by access to the DDU website, together with details of any proxy appointment deadlines;
- by me elsewhere on this form is the relevant email address for sending email for the above purposes. Any email address given by the DDU, on the DDU website;
- notify MDUSL of my email address, which may be used for sending email for the above purposes.

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 ____________

Date D D M M Y Y
How to contact us

Membership
  t 0800 085 0614
  e membership@theddu.com

Dento-legal team
  t 0800 374 626
  e advisory@theddu.com

Your feedback
Give us your feedback about the DDU
theddu.com/feedback

Website
theddu.com

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