

IMPORTANT! – Please read the following and sign below

Please note: We require you to tell us about any current claims, complaints (not resolved at local level), previous criminal convictions, disciplinary or similar issues which have not been previously notified to MPS.

Please note – You must sign and return this form with a current date. Any delay in returning this form may invalidate this application.

I wish to renew or apply for dental membership of MPS subject to the Memorandum and Article of Association and upon payment of the appropriate subscription. I confirm that I have read the important information on the guidance sheet. I understand that membership is not conferred automatically and is subject to approval.

I confirm that the information I have provided is correct to the best of my knowledge and belief. I confirm that I have completed and enclosed the payment instruction form. Payments made are subject to verification and acceptance of a payment by MPS does not of itself confirm membership and/or entitlement to request benefits.

Important – Your data

At times we will ask you to provide us with data and personal information including when you apply for membership, your subscription is renewed, your scope of practice changes and if you seek and we provide assistance to you. In applying for membership and by continuing as a member you agree that (i) we may hold and process your personal data including sensitive personal data (as defined in the United Kingdom's Data Protection Act 1998 (the Act)) which you provide to us or which we fairly obtain from another source for the purposes of processing your membership renewal, the administration and provision of membership services, providing you with the benefits of membership (including, but not limited to, advice, assistance and indemnity), underwriting, risk assessment, marketing, education, research and audit during your membership and for a reasonable period after your membership terminates or an application for membership renewal is rejected by us or withdrawn by you and (ii) we may share such data with third parties who may also hold and process the data for the same purposes. Under the Act you have the right to ask us for a copy of any of your personal data which we hold, for which we make a nominal charge.

You also agree that (i) we may seek information relevant to any purpose for which you have agreed we may hold personal data regarding past and current matters from other professional defence organisations, insurance companies or employers with whom you have had professional indemnity arrangements or been employed and that they may release to us such information, (ii) if you are outside of the European Economic Area (EEA) your data may be transferred to, held and processed within the EEA and (iii) if you provide us with an email address or telephone number it may be used by us and third parties to contact you for any of the purposes for which you have agreed to allow us or them to hold or process your personal data.

In order to provide you with the best possible service we would like to inform you of other products and services offered by us that we believe may be of interest to you. If you do not wish to receive such information, either via post or email, please tick this box.

If you are submitting additional sheets or correspondence, please tick here.

Signature:

Date: (DD/MM/YYYY)

Dental Protection Limited
Member Operations
Victoria House
2 Victoria Place
Leeds LS11 5AE
United Kingdom

0800 561 9000 (Mon – Fri: 8.00am – 6.30pm)

Calls to Member Operations may be recorded for monitoring and training purposes.

member.help@dentalprotection.org

www.dentalprotection.org

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