

### Standard Membership Rates (Please choose appropriate category)

- Consultant £250
- General Practitioner £250
- Dentist: £250
- Spouse: £200
- Pre Clinical Teacher £250
- Channel Island–UK £250
- Armed forces –UK £250

Please specify name of existing MDS member:

### Associate Specialist, Staff Grade, Specialty Doctor, Trainee Doctor

- 1<sup>st</sup> year after qualifying £90
- 2<sup>nd</sup> to 4<sup>th</sup> Year £151
- 5<sup>th</sup> to 7<sup>th</sup> Year £200
- 8<sup>th</sup> Year onwards £250

### Supplementary Service Rates

#### 1. Professional Legal protection (This does NOT include Indemnity for Clinical Negligence)

##### Career Grade

- Consultant/GP/Dentists £300

##### SAS Grades (Associate Specialist/Staff Grade/Clinical Assistant/Clinical Medical Officer/Senior Medical Officer/Specialty Doctor)

- Full Time £225
- Part time £120 (up to ½ time) £180 (up to 3/4<sup>th</sup> time)

##### Foundation programme

- Foundation year1 (F1) £10
- Foundation year2 (F2) £23

##### Specialty Registrar and Core Trainees and GP Trainees

- Specialty registrar (StR1 and CT1) £30
- Specialty registrar (StR2 and CT2) £38
- Specialty registrar (StR3 and CT3) £52
- Specialty registrar (StR4 and above) £105
- Specialty registrar (part-time) £55 (up to ½ time) £80 (up to 3/4<sup>th</sup> time)

##### Fixed Term Specialty Training Appointment (FTSTA)

- Year 1 £38
- Year 2 and above £105
- FTSTA grade part time £55 (up to ½ time) £80 (up to 3/4<sup>th</sup> time)

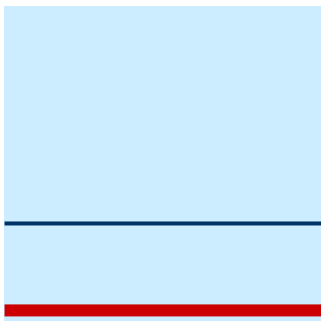
#### 2. GPs: Representation in Performers list issues £25

#### 3. Trainee Representation £25

e.g. RITA & ARCP appeals and 'Performers' list issues for GP trainees

#### 4. BAPIO Membership\*\* £10

\*\*BAPIO membership is subject to acceptance as per existing rules of BAPIO. Please see [www.bapio.co.uk](http://www.bapio.co.uk) for details.



## PREVIOUS HISTORY

**Important Note:** You must provide details of any matter involving your name. This includes any pending, unresolved or closed issues. Failure to disclose may invalidate your subscription.

Please use separate sheet if necessary, ensuring it is initialled, dated and includes your GMC/GDC number.

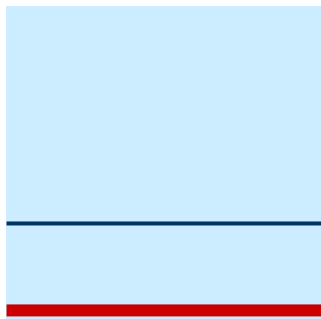
1. Are you aware of any incident or circumstance which could give rise to an event where you may require assistance?

Yes  No

If yes, please provide full details:

2. If you think there are any relevant issues that you wish to bring to the attention of MDS when considering your application, please give details:
3. Do you currently subscribe to a Medical Defence Organisation and if so which one; what is your membership renewal date?

Initial of applicant



## DECLARATION

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### IMPORTANT INFORMATION:

The applicant is responsible for providing accurate information. The signing of the declaration indicates an undertaking by the applicant to keep MDS informed and updated, in writing, of any changes to their Personal details and Professional circumstances. Failure to notify changes could result in the suspension of the benefits of the membership and/or its termination.

MDS would only assist with any matter arising from an incident from the date of commencement. No assistance will be provided in a matter if the member might have been aware of the matter before the commencement of the membership.

MDS may approach the previous professional organisation of the applicant for the history of assistance.

When leaving their previous professional organisation, the applicant should notify them of any adverse incident of which the applicant is aware that could become a request for assistance.

The applicant should also check with the previous professional organisation whether any closing payment is required to secure 'run-off' cover for any claims which may arise from an incident pre-dating the end of the member's subscription with the previous organisation.

### Data Protection:

By completing this application, the applicant hereby consents that details provided in this application will be retained on our system and used for administrative, claims processing, research, information and promotional purposes. Also, consents MDS to be able to disclose the information to legal or other professional advisors or other medical protection organisations or to the third parties involved in assisting with the services as part of advisory and claims handling process.

MDS may wish to provide with you with information about other products and services that it may think would be of interest to you. If you do not wish to receive this information please tick the box.

### Withdrawal of application and Cancellation of subscription:

If the application is withdrawn within fourteen days after submitting to MDS a full refund of the fees paid will be made provided no request for assistance has been received. Thereafter if cancellation of subscription is requested, the refund will be pro rata provided no request for assistance or services has been made during this period by the member. A fixed administration fee of £50 will be deducted on refunds.

### Declaration:

I wish to subscribe to MDS package of services identified in this application. I understand that this will be subject to approval and I consent to MDS or their agents seeking information regarding past and current matters from other professional protection bodies, insurance companies or employers with whom I have had professional membership agreements to the release of the information.

I confirm that the information I have given in this application is correct to the best of my knowledge. I understand that it would be my responsibility to provide accurate information and updating MDS with any relevant changes. Failure to notify may result in the suspension of the benefits and/or the termination of my membership.

I have read the conditions for withdrawal of application and cancellation of membership and agree to accept them.

Signature:

Date:                    /                    /20

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Please note that membership is subject to approval. Processing of payment is not proof of membership approval. MDS will write to you once your membership is approved and date of commencement of the same.

Full terms and conditions and scheme policy documents are available on request.

Please sign and date the completed form and return in an envelope marked confidential to:

**Medical Defence Shield, 178 Amphill Road, Bedford MK42 9PU**

### Method of payment:

- Cheque:**  **Please make it payable to MDS Ltd**  
**Direct Debit form attached**  **(If you don't have a direct debit form, we will send you one on receipt of this application)**  
**Credit Card**  **(Please apply on line at [www.mdsuk.org](http://www.mdsuk.org) to use our secure credit card payment facility)**

- ✓ **Payment could be divided in monthly instalments if paid by Direct Debit, please indicate if you want this option**
- ✓ **There will be £5 reduction if paid by DD**