

MEMBERSHIP APPLICATION SCHEME OF CO-OPERATION NEW ZEALAND

Medical
Protection



0800 225 5677 (FREEPHONE) | membership@mps.org.nz | medicalprotection.org

Please complete all parts of this form in **BLACK INK** and **BLOCK CAPITALS** and return to:
PO Box 13015, Johnsonville, Wellington 6440, New Zealand.

If your application for membership of MPS is approved, it will be dated from the day following receipt of your application unless you specify a later start date in the box to the right: (DD/MM/YYYY)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Section A – Personal details

Title	Country of practice
First name	Country of permanent residence
Surname	Address for correspondence
Maiden/previous name if any	
Date of birth (DD/MM/YYYY)	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Nationality	
Membership category (see Membership grade sheet)	
Degrees and diplomas	
Medical school	
Month and year of graduation (DD/MM/YYYY)	Postcode (zip or postal area)
MCNZ registration number and date of registration (DD/MM/YYYY) <small>Your application may be delayed if this is not provided</small>	Email address
Any specialist registration	Daytime telephone
Main specialty	Evening telephone
Date of specialist registration (DD/MM/YYYY)	Mobile number
	Fax number

IMPORTANT! – Please read the following

1. As part of our normal process, we may approach your previous indemnity or insurance organisation for your claims history. This process will take a minimum of 15 working days.
2. Failure to disclose full and accurate details about your previous history, practice and income may invalidate your membership which means you are not entitled to any advice or assistance from MPS.
3. When completing the previous history section on pages 2 and 3 you must account for any gaps in your indemnity or insurance history during the last 10 years and also any break in clinical practice during the previous 2 years.
4. We will not assist with any matter arising from an incident pre-dating your MPS membership.
5. If you are leaving a claims made insurance contract, please ensure you have notified your previous provider of any adverse incident of which you are aware, that could become a claim. You should also check with the provider whether any closing payment is required to secure "run-off" cover for any future claim which may arise from an incident pre-dating your MPS membership.

Please note that signing the declaration on page 7 indicates acceptance of the following requirements:

Members must keep MPS informed of their current address and any changes in their professional circumstances. Failure to notify us of any change of address or scope of practice could result in the suspension and/or the withdrawal of the benefits of membership and/or the cancellation and/or the termination of your membership. MPS is not an insurance company. The benefits of MPS membership are granted at the discretion of Council and are subject to the terms and conditions of the MPS Memorandum and Articles of Association, as amended from time to time.

Section B – Previous History  PLEASE READ THE IMPORTANT INFORMATION BELOW

In this section you must include details of any matter in which you have been named or involved. Please include any pending, unresolved or closed issues, even those already reported to MPS. If necessary please continue your answers on pages 4 to 6. Please note that failure to disclose full and accurate details about your previous history may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership.

1. Have you had any professional indemnity/insurance before? Yes (Please go to Q2) No (Please go to Q4)

2. Please give the name of all other organisations and the dates during which you were a member or policyholder. If you were previously a member of MPS, please give your membership number and your name at the time (if it has changed).

Organisation	From (DD/MM/YYYY)	To (DD/MM/YYYY)	MPS number	Name	Other membership or policy number

3. Have there been any gaps in your professional indemnity (have you practised without indemnity) during the last ten years? (If in doubt please indicate YES.) **If you answer YES please confirm the dates and the reason for any gap below.**

Yes No

4. Have there been any breaks in your clinical practice in the last 2 years? (If in doubt please indicate YES.) **If you have answered YES please confirm the dates and the reason for any gap. Please also provide details of any continuous professional development or refresher training that has been undertaken.**

Yes No

5. Have you ever been refused professional indemnity/insurance, including refusal to renew or been offered limited or conditional terms or a higher/enhanced subscription/premium? (If in doubt please indicate YES.) **If you have answered YES please provide a summary in your own words providing dates and reasons, including copies of any correspondence.**

Yes No

6. In the last 10 years have you ever been the subject of any **complaint(s)** arising out of your professional practice **which have not been resolved at local level.** **If you have answered YES please provide full details of the complaint(s). The details must include a summary in your own words of the events leading to the complaint(s), dates, the extent of your involvement and the final outcome.**

Yes No

7. Have you ever been involved in any **claim** for compensation and/or damages arising out of your professional practice or are you aware of any incident that might become a claim? (If in doubt please indicate YES.) **If you have answered YES please provide a summary in your own words of the events leading to the claim(s) declared, including dates, the extent of your involvement and also the final outcome.**

Yes No

8. Have you ever been the subject of a disciplinary inquiry by your employer or had practice privileges refused/withdrawn/made conditional by a private health care provider? (If in doubt please indicate YES.) **If you have answered YES please provide a summary in your own words to include dates, the extent of your involvement and also the final outcome. Copies of any associated correspondence must be provided.**

Yes No

9. Have you ever been subject to any referral, complaint, inquiry or investigation or hearing by your registration body or any other registration body or had conditions imposed on your practice or been suspended or erased from a medical register? (If in doubt please indicate YES.) **If you have answered YES please provide a summary in your own words of the events leading to the registration body inquiry/investigation, including dates, the extent of your involvement and you must provide copies of any final determination letter(s).**

Yes No

10. Have you ever been cautioned by the police in respect of, or convicted of, any criminal allegation (including road traffic offences)? **If you have answered YES please provide a summary in your own words to include the nature of the offence, the final outcome or the current position and whether the offence was reported to any registration body.**

Yes No

11. Are there any other issues of which MPS might reasonably need to be aware when considering your application for membership? (If in doubt please indicate YES.) **If you have answered YES please provide all relevant information below.**

Yes No

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.

Your Personal Information and 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 information (as defined in the New Zealand Privacy Act 1993 (the NZ Act)) or personal data including sensitive personal data (as defined in the United Kingdom's Data Protection Act 1998 (the UK Act)) which you provide to us or which we fairly obtain from another source for the purposes of processing any application for membership, 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 is rejected by us or withdrawn by you and (ii) we may share such personal information or data with MPS' related companies (Related Companies) and third parties who may also hold and process it for the same. Under the NZ Act and the UK Act you have the right to ask us for a copy of any of your personal information or personal data respectively which we hold.

You also agree that (i) we may seek personal information or data relevant to any purpose for which you have agreed we may hold personal information or data from other professional defence organisations, insurance companies, employers or other third parties regarding your professional practice and career history and that they may release to us such information (ii) if you are outside of the European Economic Area (EEA) your personal information or 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, our Related Companies 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 information or data.

IMPORTANT! – Please read, sign and add the current date below.

By signing and returning this form you confirm that:

- (i) You wish to apply for membership of MPS subject to the Memorandum and Articles of Association
- (ii) You understand that any failure to disclose full and accurate details may delay your application and/or if you are accepted into membership could result in the suspension or withdrawal of membership benefits and/or the cancellation and/or termination of membership
- (iii) You understand that membership is not conferred automatically and is subject to approval by MPS
- (iv) You acknowledge that any subscription payments made are subject to verification and that acceptance of a payment by MPS and/or the association does not of itself confirm membership and/or entitlement to request benefits
- (v) You will inform us if your personal circumstances or scope of practice changes.

Please check that you have completed a payment instruction form telling us how you would like to pay for your subscription and please tick here to confirm that the form is enclosed.

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 here.

Signature: _____

Date: DDMMYYYY (Please note must be current date)

Please remember to inform us promptly if your personal circumstances or scope of practice change.

Please tell us why you have chosen MPS – Your comments are important to us, please tick below

1. Personal recommendation
2. Competitive subscription rates
3. MPS membership co-ordinator, please provide their initials: _____
4. Group arrangement
5. Dissatisfaction with previous organisation
6. Other (please provide details in the space provided)

Medical Protection – New Zealand

Contact information

A scheme of co-operation between Medical Protection and
Medical Assurance Society (NZ medical)



PO Box 13015, Johnsonville, Wellington 6440, New Zealand.

T 0800 225 5677 (FREEPHONE)

F 04 494 7010

E membership@mps.org.nz