Practice Membership authority
New Zealand

Medical Protection

0800 225 5677 (Freephone) | nzpractice@medicalprotection.org | medicalprotection.org/practicemembership

Please complete all editable sections of this form electronically and return by email to the address above

Please provide practice details

Field	
Practice name	
Practice address	
Telephone	
Fax	
Email address	

Practice Membership number (Office use only)

Practice Membership is designed to make the benefits of occurrence-based indemnity with Medical Protection available to clinical practices. To apply, please complete this authority form and the Practice Membership application form, returning both to **nzpractice@medicalprotection.org**

Section 1 – Medical Protection existing member confirmation and consent for Practice Membership

Please include all eligible staff that are currently Medical Protection clinical members who wish to benefit from Practice Membership and ask each to sign overleaf to confirm their details and agreement.

By signing each signatory confirms that they:

Have checked and confirm that the information regarding their practice information is correct and will promptly inform Medical Protection of any change to their personal circumstances, scope of practice or other details (including in relation to income and number of hours worked).

- Consent to their membership being transferred to Practice Membership.
- Understand that their personal Medical Protection membership will be retained but:
  - Their membership subscription renewal date will be brought in line with that of the practice and this may affect their current subscription payment schedule
  - The membership correspondence address will be changed to that of the practice and membership documentation may be shared with the practice administrator
- Authorise and agree that Medical Protection and the practice administrator may share information in respect of their membership and authorise the practice administrator to provide details of any changes to their scope of practice.
- Agree that Medical Protection may seek information from other professional defence organisations, insurance companies, employers or other third parties in respect of membership and that they may release to Medical Protection such information.

Personal Information and Data

When interacting with Medical Protection, members may choose to give Medical Protection information about your criminal convictions and offences (including alleged offences), your health, race, ethnic origin, sex life, sexual orientation and trade union membership ("Special Category Data"). This happens where that information is relevant to membership or the actual or potential provision of advice, assistance or indemnity. We may also receive Special Category Data about members from others in connection with membership or advice, assistance or indemnity (eg from a complainant, claimant, witness, expert, court or regulator). We ask for members' express consent to process their Special Category Data. Members may withdraw consent to such processing by contacting Medical Protection, but if they do so we will no longer be able to provide them with membership and its benefits.

To find out more about how we collect, use and handle your data including Special Category Data, please see the privacy statement on our website **medicalprotection.org**

10/23

The Medical Protection Society Limited (MPS) is a company limited by guarantee registered in England with company number 00036142 at Level 19, The Shard, 32 London Bridge Street, London, SE1 9SG. MPS is not an insurance company. All the benefits of membership of MPS are discretionary as set out in the Memorandum and Articles of Association. MPS®, and Medical Protection® are registered trademarks.

Section 1 – continued	
Name	**Signature**
Medical Protection membership no:	No. of hours worked weekly:
Name	**Signature**
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Medical Protection membership no:	No. of hours worked weekly:
Name	**Signature**
Medical Protection membership no:	No. of hours worked weekly:

Section 2 – New Medical Protection members to be included in your Practice Membership

By signing and returning this form, you agree and confirm that:

i. You wish to apply for membership of Medical Protection 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 and/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 Medical Protection.

iv. You acknowledge that any subscription payments made are subject to verification and that acceptance of a payment by Medical Protection 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 change.

vi. We may seek information from other professional defence organisations, insurance companies, employers, and/or other third parties in respect of membership and that they may release to us such information.

vii. For the purposes of New Zealand Law and the New Zealand Privacy Act 2020, we may obtain, process, retain and transfer your personal information as set out in the Privacy Notice on our website **medicalprotection.org**

Please note that new members to Medical Protection wishing to join Practice Membership are also required to complete an individual application form.

Name	**Signature**
No. of hours worked weekly:	Preferred start date (DD/MM/YYYY)
Name	**Signature**
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Name	**Signature**
No. of hours worked weekly:	Preferred start date (DD/MM/YYYY)

The nominated Practice Membership administrator should sign and date this form on behalf of the practice
Please note: ▪ By signing this form you are confirming that the details provided on this form are correct to the best of your knowledge. ▪ You will still need to complete an individual Medical Protection application form for yourself, if you are not already a member. Please ensure all who are required to sign this form and consent to Medical Protection processing their Special Category Data before returning to Medical Protection.
Title
Forename(s)
Surname
Position held in practice
Signature
Date: (DD/MM/YYYY)

Medical Protection – New Zealand

Contact information

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

T 0800 225 5677 (FREEPHONE)

F 04 494 7010

E nzpractice@medicalprotection.org