

MEMBERSHIP APPLICATION SINGAPORE

6220 2588 | membership@sda.org.sg | dentalprotection.org

Please complete in BLOCK CAPITALS, sign and return to: **Singapore Dental Association, 2 College Road, Singapore 169850**. For enquiries telephone 6220 2588 or fax 6224 7967. Email: membership@sda.org.sg.

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 the area provided:

D	D	M	M	Y	Y	Y	Y
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Section A – Personal details

<p>Title _____</p> <p>First name _____</p> <p>Surname _____</p> <p>Former name if any _____</p> <p>Date of birth (DD/MM/YYYY) _____</p> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Authority registration number _____</p> <p>Degrees and diplomas _____</p> <p>Dental school and country _____</p> <p>Month and year of graduation (MM/YYYY) _____</p> <p>Country of practice _____</p>	<p>Address for correspondence _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Postcode (zip or postal area) _____</p> <p>Daytime telephone _____</p> <p>Evening telephone _____</p> <p>Mobile number _____</p> <p>Fax number _____</p> <p>Email address _____</p>
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Will all your dental practice be carried out in your stated country of practice? Yes No

If no, please give full details in the space below. If necessary please continue on a separate sheet.

If you are registered to practise in any other countries please state which:

IMPORTANT! – Please read the following

1. 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 seek advice or assistance from Dental Protection.
2. 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.
3. If you have had professional indemnity or insurance (other than from Dental Protection) for any practice outside your stated country of practice you must obtain your case history to submit with this application.
4. If you have had previous indemnity or insurance we may approach your previous indemnity or insurance organisation for your claims history. This process will take a minimum of 15 working days.
5. We will not assist with any matter arising from an incident pre-dating your MPS membership.
6. 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 dental membership of MPS.

Please note that signing the declaration on page 5 indicates acceptance of the following requirements:

Members must keep Dental Protection informed of their current address and any changes in their professional circumstances. Failure to notify us of any change of address, private practice income and scope of practice could result in the withdrawal of the benefits of membership and/ or the termination of your membership. 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 Dental Protection. Failure to disclose full and accurate details about your previous history may delay your application. If necessary please continue your answers on a separate sheet.

1. Have you had any professional indemnity/insurance before? Yes (Please go to Q2) No (Please go to Q5)

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 dental 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)	Dental Protection number	Name	Other membership or policy number

3. Have there been any gaps in your professional 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

If you have answered YES to any of the above questions please provide details as requested. Use the additional pages provided if needed. 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.

7. Have you ever been involved in any **claim** for compensation 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 any other registration body or had conditions imposed on your practice or been suspended or erased from a dental 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 Dental Protection 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, continue on a separate sheet if required and include copies of all relevant correspondence.**

Yes No

Section C – About your practice (If necessary please provide FULL details on additional sheets)

1. Please tick the box/es below which best describes your position?

- | | |
|--|---|
| <input type="checkbox"/> Dentist (first year following graduation) | <input type="checkbox"/> Non-clinical Dentist (please enclose current job description) |
| <input type="checkbox"/> Dentist (second year following graduation) | <input type="checkbox"/> Employer Indemnified Dentist |
| <input type="checkbox"/> Dentist (third or subsequent year following graduation) | <input type="checkbox"/> Hygienist |
| <input type="checkbox"/> Division 1 Category I Dentist | <input type="checkbox"/> Therapist |
| <input type="checkbox"/> Division 2 Category II Dentist | <input type="checkbox"/> Specialist Practice, please specify specialty eg. orthodontics, oral and maxillofacial surgeon |

2. Are you a member of the Singapore Dental Association?

- Yes No

Section D – Limited clinical activity (If you are claiming a concessionary rate, please complete as appropriate)

1. If you wish to apply for a reduced subscription rate because your clinical activity is limited, please tick one of the boxes below.

- My current clinical activity is no more than **10** hours/week (500 hours/year)
- My current clinical activity is no more than **20** hours/week (1,000 hours/year)

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

1. Personal recommendation
2. Competitive subscription rates
3. Dental Protection membership coordinator, please provide their initials:
4. Group arrangement
5. Dissatisfaction with previous organisation
6. Dental Protection event / conference
7. Other (please provide details in the space provided)

OFFICE USE ONLY

Date received (DD/MM/YYYY):	Date received (DD/MM/YYYY):	Membership number:
Date approved (DD/MM/YYYY):	Start Date (DD/MM/YYYY):	Grade
Approved by:	Notes:	

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.

Data/Personal Information

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 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) your personal information or data may be transferred to, held and processed within the European Economic Area (EEA), which has a standard of protection of such information or data comparable to the protection under the Singapore Personal Data Protection Act 2012. A summary of the regulatory regime governing data protection in the EEA may be found at ico.org.uk/for-the-public, 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.

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.

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

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 this box.

Signature:

Date: DDMMYYYY (Please note must be current date)

Dental Protection – Singapore**Contact information**

c/o Singapore Dental Association,
2 College Road, Level 2
Mlumni Medical Centre
Singapore 1698502

T 6220 2588

F 6224 7967

membership@sda.org.sg

dentalprotection.org/singapore

Dental Protection Limited is registered in England (No. 2374160) and is a wholly owned subsidiary of The Medical Protection Society Limited (MPS) which is registered in England (No. 36142). Both companies use Dental Protection as a trading name and have their registered office at 33 Cavendish Square, London W1G 0PS.

Dental Protection Limited serves and supports the dental members of MPS with access to the full range of benefits of membership, which are all discretionary, and set out in MPS's Memorandum and Articles of Association. MPS is not an insurance company. Dental Protection® is a registered trademark of MPS.

PAYMENT INSTRUCTION SINGAPORE

Method of payment

Step 1: To apply for dental membership of MPS subject to the terms and conditions of the MPS Memorandum and Articles of Association, please ensure you have completed all relevant sections of this form. **Please telephone 6220 2588 if you have any queries regarding payment details.**

Step 2: Check what your Dental Protection subscription rate should be.

Step 3: Indicate the payment method and amount of your subscription below.

By cheque (in full) – made payable to the Singapore Dental Association

S\$

By cash

Step 4: Sign, date and return this payment instruction with your application form to:
Singapore Dental Association, 2 College Road, Singapore 169850.

Please note: It is your responsibility to provide accurate information about your professional practice and relevant income (which may affect the subscription you pay). Failure to notify us of any change of address, private practice income and scope of practice could result in the suspension of the benefits of membership and/or the termination of your membership.

By completing this form I understand that if my subscription or any other liability to MPS is in arrears for more than one month, then I shall cease to be entitled to any membership benefit from MPS from that date when such subscription or liability fell due. I also understand that after non-payment for two months MPS may terminate my membership by notice, although my liability to MPS already accrued will not be affected.

Signature: _____

Date: (DD/MM/YYYY) _____

OFFICE USE ONLY

Date received _____

Amount (S\$) _____

Cash/Cheque/MO/PO _____

Issued by (name) _____

Date of receipt _____

Membership number _____

Start date _____

Dental Protection – Singapore

Contact information

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