

Previous history

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.

1. Have you had any professional indemnity/insurance before?	<input type="checkbox"/> Yes (Please answer all questions below.)
	<input type="checkbox"/> No (Please answer questions 5–11.)
2. Please give the name of all organisation(s) and the dates during which you were a member or policyholder.*	
Organisation:	From: To: Membership/Policy number:
3. If you were previously a member of MPS, please give your membership number and your name at the time (if it has changed).	
Name:	Membership number:
4. Have there been any gaps in your professional indemnity/insurance since the date of your graduation? (If in doubt please indicate YES.)	<input type="checkbox"/> Yes (Please give dates and details below)*
	<input type="checkbox"/> No
5. Have you ever been refused professional indemnity/insurance, including refusal to renew or been offered limited or conditional terms?	<input type="checkbox"/> Yes (Please give dates and details below)*
	<input type="checkbox"/> No
6. Have you ever been involved in any claim for compensation arising out of your professional practice or are you aware of any incident that might become a claim? (If in doubt please indicate YES.)	<input type="checkbox"/> Yes (Please give dates and details below)*
	<input type="checkbox"/> No
7. Have you ever been the subject of any complaint arising out of your professional practice? (If in doubt please indicate YES.)	<input type="checkbox"/> Yes (Please give dates and details below)*
	<input type="checkbox"/> 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 Have you ever been the subject of a disciplinary inquiry by your employer or had practice privileges refused/withdrawn/made conditional by a private health provider? (If in doubt please indicate YES.)	<input type="checkbox"/> Yes (Please give dates and details below)*
	<input type="checkbox"/> No
9. Have you ever been subject to any complaint, inquiry or investigation or hearing by your registration body or had conditions imposed on your practice or been suspended or erased from a medical register. (If in doubt please indicate YES.)	<input type="checkbox"/> Yes (Please give dates and details below)*
	<input type="checkbox"/> No
10. Have you ever been charged or cautioned by the police in respect of any criminal allegation? (If in doubt please indicate YES.)	<input type="checkbox"/> Yes (Please give dates and details below)*
	<input type="checkbox"/> No
11. Are there any other issues related to your professional conduct or competence of which MPS might reasonably need to be aware when considering your application for membership? (If in doubt please indicate YES.)	<input type="checkbox"/> Yes (Please give dates and details below)*
	<input type="checkbox"/> No

Scheme specific information

Please complete these details as part of your application for membership and return with the appropriate remittance.

Identity card number (old)
Identity card number (new)
Are you an MMA member? YES <input type="checkbox"/> NO <input type="checkbox"/>
Registration number
Date registered with MMC
What is your current professional status?
What is your current specialty?

I wish to apply for the following category of membership as per the current subscription rate information.

Medical status (please tick)

GPs – core services	<input type="checkbox"/>	Medium risk	<input type="checkbox"/>
GPs – procedural	<input type="checkbox"/>	Low risk	<input type="checkbox"/>
GPs with obstetrics or cosmetics	<input type="checkbox"/>	First year qualified	<input type="checkbox"/>
Cosmetic/aesthetic medicine	<input type="checkbox"/>	Second year qualified	<input type="checkbox"/>
Obstetrics	<input type="checkbox"/>	Third year qualified	<input type="checkbox"/>
Cosmetic surgery	<input type="checkbox"/>	Fourth year qualified	<input type="checkbox"/>
Super high risk	<input type="checkbox"/>	Government doctor	<input type="checkbox"/>
Very high risk	<input type="checkbox"/>	Government doctor and limited private practise	<input type="checkbox"/>
High risk	<input type="checkbox"/>	Non-clinical	<input type="checkbox"/>

Will all your medical practice be carried out in Malaysia? 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:

Subscription payment and declaration

I wish to pay my subscription in accordance with the indicated payment method below:

Please note: 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 three months MPS may terminate my membership by notice, although my liability to MPS already accrued will not be affected.

I enclose:

Cheques should be made payable to The Medical Protection Society and sent to: Malaysian Medical Association, 4th Floor, MMA House, 124, Jalan Pahang, 53000, Kuala Lumpur.

Signature

Date

Office use only	
Date received	Amount (RM)
Cash/Cheque/M.O/P.O	
Issued by (name)	
Date of receipt	
Membership number	Start date

I wish to apply for membership of MPS subject to the Memorandum and Articles of Association and upon payment of the appropriate subscription.

I understand that membership is not conferred automatically and is subject to approval. I permit MPS to seek information regarding past and current matters from other professional protection bodies, insurance companies or employers with whom I have had professional indemnity arrangements. I consent to MPS processing information about me. (Please see data protection information on page four.)

I consent to MPS using the email address provided for member communications

I confirm that the information I have provided is correct to the best of my knowledge and that I have read the notes and information below. I also confirm that I have completed the payment instruction above.

PLEASE NOTE

- It is your responsibility to provide accurate information about your professional practice. Failure to notify us of any change of address or scope of practice could result in the suspension of the benefits of membership and/or the termination of your membership.

Signature

Date

MPS – Malaysia

Contact information

c/o Malaysian Medical Association
4th Floor, MMA House, 124, Jalan Pahang,
53000, Kuala Lumpur

Telephone 03 4041 1375

Facsimile 03 4041 9929

Email insurance@mma.org.my

Website www.medicalprotection.org/malaysia

Why MPS membership?

Why have you chosen to apply for MPS membership? (Please circle)

1 Personal recommendation

2 Competitive subscription rates

3 Group arrangement

4 Dissatisfaction with previous organisation

5 Other (please give details in the space provided)

Data protection information

We will process the information you provide on our systems for administration of your membership, claims, marketing, risk assessment, research and advisory purposes. We may disclose your information to legal or other professional advisers or other medical protection organisations as part of our advisory and claims-handling process as well as to third parties who assist with member communications.

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 e-mail please tick this box

You have the right under the Data Protection Act to obtain disclosure of personal data that we have relating to you, for which we may make a small charge.

MEDICAL PROTECTION SOCIETY
Granary Wharf House, Leeds LS11 5PY, UK
International telephone +44 (0) 113 243 6436
Facsimile +44 (0) 113 241 0500

www.medicalprotection.org
member.help@mps.org.uk

The Medical Protection Society Limited
A company limited by guarantee
Registered in England No. 36142 at
33 Cavendish Square, London W1G 0PS, UK

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.