

# GROUP CARE



# MDU

## Practice application for membership

Set up a **GROUPCARE** scheme for free by completing this form today. The scheme is for existing members and new applicants who are accepted into MDU membership. **GROUPCARE** is open to any practice where half or more of the GPs are MDU members (excluding locums, GPSTs and out-of-hours GPs) and is subject to a minimum of two GPs (either partners or salaried). You will unlock extra benefits if all your GPs are MDU members. **GROUPCARE** benefits cannot be given retrospectively. We reserve the right to add, withdraw or amend benefits. Visit [themdu.com/groupcare](https://themdu.com/groupcare) for more about benefits.

Please complete all sections of this form in full.

### A Practice details

Name of practice	<input type="text"/>	Practice address	<input type="text"/>
Telephone number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>	Postcode

### B Practice manager or GROUPCARE scheme administrator

If you have more than one practice manager working at the practice, please nominate one person to administer the scheme. The nominated practice manager will need to be an MDU member, which is free (or make an individual application for MDU membership with this **GROUPCARE** scheme application - see section D).

Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MDU number (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender	M <input type="checkbox"/>	F <input type="checkbox"/>
Title	<input type="text"/>	Surname	<input type="text"/>	Forenames	<input type="text"/>	
Job title	<input type="text"/>			Email address	<input type="text"/>	
Current defence organisation (if not the MDU)	<input type="text"/>			Renewal/expiry date of current medical defence organisation (if not the MDU):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Declaration: I confirm the details in this form are correct. I confirm I am applying for the benefits of **GROUPCARE** membership on behalf of all those named within this form and that all those named are aware of this application and have agreed for me to pass their personal data<sup>1</sup> to the MDU and have been advised of the MDU's privacy policy available at [themdu.com/privacy](https://themdu.com/privacy)

Signature:

Date:

When all your GPs are MDU members you will unlock extra benefits. At least half your GPs need to be MDU members to apply for **GROUPCARE**. Please complete your staff details below. If you need to add more GPs or practice staff please photocopy this form and attach it with your application.

**C GPs at your practice**

	Surname	Initials	Date of birth (DD/MM/YY)	GMC number	MDU number (if applicable)	Job title	If not an MDU member, current indemnity provider	Renewal date of current indemnity provider (DD/MM/YY)
1				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
2				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
3				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
4				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
5				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

**D Practice staff** Please provide the number of staff in each role at your practice.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Partners or salaried GPs                         | <input type="checkbox"/> Other nurses         | <input type="checkbox"/> Pharmacists                 |
| <input type="checkbox"/> Advanced nurse practitioners                     | <input type="checkbox"/> Paramedics           | <input type="checkbox"/> Practice managers           |
| <input type="checkbox"/> Nurse practitioners and nurses in extended roles | <input type="checkbox"/> Physician associates | <input type="checkbox"/> Other medical professionals |

Please provide details for practice staff who have/need their own MDU membership<sup>2</sup>.

	Surname	Initials	Date of birth (DD/MM/YY)	NMC/registration number	MDU number (if applicable)	Job title	If not an MDU member, current indemnity provider	Renewal date of current indemnity provider (DD/MM/YY)
1				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
2				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
3				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
4				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
5				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

<sup>1</sup> **How we use your data:** for more information about how we use your data to provide **GROUPCARE** membership benefits, see our privacy policy at [themdu.com/privacy](https://themdu.com/privacy)

<sup>2</sup> We offer membership for **most** non GP staff doing work both **inside and outside** of the state indemnity scheme. Please contact our membership team for further information.

## Third party authorisation form

You only need to complete the next two pages if you wish to authorise your practice manager/s to **discuss** or **discuss and amend** your membership record.

By authorising a staff role such as practice manager, rather than a named individual, this allows seamless scheme administration, should your staff change in future. They must be an MDU member, which is free and be part of the **GROUPCARE** scheme.

The authorised practice manager/s are responsible for making sure any changes to the scheme are correct. They can't resign your membership, access any advisory/claims records or authorise additional third party access.

By signing this authorisation all staff in this form have agreed for their personal data to be given to the MDU and are aware of the MDU privacy policy available at [themdu.com/privacy](https://themdu.com/privacy)

### Section 1 Details of member(s) providing authorisation to a third party

If you need to add more members please photocopy this form and attach it with your application.

I  My MDU membership number  My date of birth

authorise the job title noted in Section 2:

to **discuss and amend** my membership record or

to **discuss** my membership record

Signature  Date   Please tick here  to remove all previous third party authorisations that may currently be on your record.

I  My MDU membership number  My date of birth

authorise the job title noted in Section 2:

to **discuss and amend** my membership record or

to **discuss** my membership record

Signature  Date   Please tick here  to remove all previous third party authorisations that may currently be on your record.

I  My MDU membership number  My date of birth

authorise the job title noted in Section 2:

to **discuss and amend** my membership record or

to **discuss** my membership record

Signature  Date   Please tick here  to remove all previous third party authorisations that may currently be on your record.

I

My MDU membership number

My date of birth

authorise the job title noted in Section 2:

to **discuss and amend** my membership record or

to **discuss** my membership record

Signature

Date

✓Please tick here  to remove all previous third party authorisations that may currently be on your record.

I

My MDU membership number

My date of birth

authorise the job title noted in Section 2:

to **discuss and amend** my membership record or

to **discuss** my membership record

Signature

Date

✓Please tick here  to remove all previous third party authorisations that may currently be on your record.

## Section 2 Details of the authorised job title

This section of the form specifies details of the third party/parties who will be authorised to access your membership record.

Job title\*

Practice telephone number

Practice name

**GROUPCARE** number

\*A typical example would be that of a practice manager. Anyone with that job title must be an MDU member and part of the **GROUPCARE** scheme to which you belong. Please note that anyone holding that job title at your practice (providing they are an MDU member) will have the level of authority that you have specified above.

**If you would prefer to nominate a named individual instead of a practice job title to have access and your membership record, please contact the membership team at [groupcare@themdu.com](mailto:groupcare@themdu.com) or 0800 012 1318**

### For **GROUPCARE** help:

*t* **0800 012 1318**

*e* **[groupcare@themdu.com](mailto:groupcare@themdu.com)**

*w* **[themdu.com/groupcare](http://themdu.com/groupcare)**

### **FREEPOST MDU SERVICES LIMITED**

(please return your completed form to this address, no stamp required)