

# Application Form

## Supplementary Membership for General Medical Practitioners on an ICGP GP Training Scheme

### Personal Details

1. Name: \_\_\_\_\_

2. Correspondence Address: \_\_\_\_\_

3. Telephone number: \_\_\_\_\_ 4. Mobile No: \_\_\_\_\_

5. Email: \_\_\_\_\_

6. Date of Birth: \_\_\_\_\_

7. Year of Graduation: \_\_\_\_\_ 8. College of Graduation: \_\_\_\_\_

9. Qualifications: \_\_\_\_\_

10. Name and address of hospital(s) where Internship was served: \_\_\_\_\_

11. Date of Internship: From: \_\_\_\_\_ To: \_\_\_\_\_

12. Date of Medical Council registration \_\_\_\_\_

13. Which ICGP GP training scheme are you on? \_\_\_\_\_

Date of commencement on scheme: \_\_\_\_\_

Current year on scheme \_\_\_\_\_

14. Name of Practice you are currently working in \_\_\_\_\_

Date of commencement in Practice \_\_\_\_\_

15. Are you a member of the Irish College of General Practitioners?  Yes  No

16. If you are a member of any other professional body please specify: \_\_\_\_\_  Yes  No

17. Please state your Irish Medical Council Registration number: \_\_\_\_\_

18. Have you ever had your Medical Council Registration suspended or made conditional in any jurisdiction in the world?  Yes  No

19. Have you ever:

(a) been required to participate in or volunteered to participate in a drug or alcohol rehabilitation programme?  Yes  No

(b) been the subject of or convicted of any criminal offence, professional disciplinary proceedings or inquiries?  Yes  No

if 'Yes' please specify: \_\_\_\_\_

### Policy Details:

20. Have any claims or complaints been made against you within the past five years or are you aware of any circumstance that might give rise to a claim or a complaint? If so please provide details in the comments section below.  Yes  No

If 'Yes', have all such incidents been reported to your previous insurers/defence bodies/indemnifiers?  Yes  No

If 'Yes', have your previous insurers/defence bodies accepted all such incidents?  Yes  No

21. On what basis are you currently insured:  Losses occurring  Claims made

22. Please confirm you are currently covered by CIS on an ICGP GP Training Scheme

PLEASE NOTE THAT ALL APPLICATIONS ARE SUBJECT TO ACCEPTANCE OF A COMPLETED ALLIANZ PROPOSAL FORM AND THE ALLIANZ POLICY TERMS AND CONDITIONS.

Where did you hear about Medisec?

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Comments:

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**Material Facts Declaration:** You agree that the information supplied by you is, to the best of your knowledge, true and complete and that no material fact has been misrepresented or withheld by you. You acknowledge that failure to disclose all material information may result in your Supplementary Membership being cancelled.

**Data Protection Acts:** Medisec Ireland Limited shall be the data controller in respect of the information submitted on this application. Information you supply may be shared with Allianz plc, our underwriters for the purpose of seeking PI insurance cover for Good Samaritan Acts carried out by you. By providing us with your information and by your signature you consent to the information being used, processed, disclosed and retained for the purpose of administration of your Supplementary Membership including PI cover.

**SIGNATURE:**

**DATE:**

