

Membership application form

Office use only Simplyhealth Professionals Membership Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If you have any questions, please call our Practice Support Team on 0800 328 3223. We're open Monday to Thursday 8.30am to 5.30pm and Friday 8.30am to 4.30pm.

Any dental practitioner, or dental care professional who is a director of a Dental Body Corporate, registered with the GDC can apply for membership to Simplyhealth Professionals. Please familiarise yourself with the Simplyhealth Professionals. Please familiarise yourself with the Membership Agreement and patient Care Agreements before applying for membership.

- In addition to completing this form we also need you to complete a;
- Practice Development Profile (PDP), which should be completed within two months of your membership application
 - Registration Facility application form for the dental plans that you wish to offer in your practice

—Dentist details

Dr Mr Mrs Miss Ms Other

First name

Surname

Male Female

Date of birth

GDC number

Qualifications

Practice name

Primary practice address

Town or city

County Postcode

Practice phone number Mobile phone number

Practice fax number Emergency phone number

Home phone number

Email address

Website address

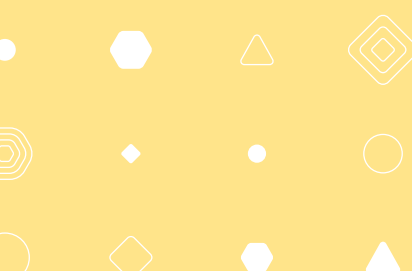
Practice Appointment Booking email address

Have you ever been suspended from practice, been refused registration by any registration body, had your name deleted from a professional register, had restrictions placed on your registration or been subject to disciplinary action of any kind? If 'Yes', please give details below. Yes No

Has any professional indemnity provider ever declined to provide you with cover, placed special conditions on the cover, or cancelled or refused to renew your cover? If 'Yes', please give details below. Yes No

Is the practice owned by a company not managed by you and/or part of a Dental Body Corporate? If 'Yes', please give details below. Yes No

Which defence organisation do you belong to: MDU DPL MDDUS Other (if 'Other' please provide a copy of the policy with this application.)



—Important – please read

Data Protection Statement

Simplyhealth Professionals deals with all personal information supplied in the strictest confidence as required by Data Protection Legislation. To set up and administer your membership Simplyhealth Professionals will hold and use information supplied by you. By signing this form you confirm that you consent to such use of your personal data. We may also disclose information about you included in your application when there is a legal requirement to do so, to people who provide a service to us on the understanding that they will keep the information confidential and in accordance with Data Protection Legislation or in circumstances where it would help us to prevent fraud or improper claims.

Simplyhealth Professionals may contact you about its other products and services and those of our carefully selected partners. We may also share some of your details with other companies in the Simplyhealth group and those of our carefully selected partners to enable them to contact you with details of their products and services.

We may contact you by post or telephone if appropriate, if you do not wish us to do this, please tick this box

We may also notify you electronically by email/SMS (if appropriate), if you would like to be contacted in this way please tick this box

—Declaration

I hereby apply to become a member of Simplyhealth Professionals. I have received a copy of, and agree to comply with, the Membership Agreement and commit to complete a Practice Development Profile within two months of my application

Signature

Date

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