

# Application and Proposal

## Medical Student and Intern application for membership of MDA National Limited and proposal for professional indemnity insurance

Thank you for your application. By completing this form, you are applying for Membership of MDA National Limited (MDA National) ABN 67 055 801 771 and a Professional Indemnity Insurance Policy underwritten by MDA National Insurance Pty Limited (MDA National Insurance) ABN 56 058 271 417, AFS Licence No. 238073. Please ensure you read the Important Notice overleaf before completing this form. Your Membership and Policy will commence upon receipt and acceptance of your Application and Proposal.

In this Application and Proposal form "we", "our" and "us" means MDA National and/or MDA National Insurance and "you" and "your" means the person seeking Membership and insurance. It is important that you ensure that this application and insurance proposal is accurate and complete. The information requested in this form is used by us for the purpose of considering your Membership and deciding whether or not to insure you and, if so, on what terms. If there is insufficient room on the application, please provide your answer on a separate attachment. Failure to disclose material information relevant to our decision to accept your Membership and the terms of insurance could invalidate the Membership and insurance contract. If you have any doubt as to whether any information is relevant, it should be disclosed.

### Personal Details

Given name (s)	Surname	Sex	Date of birth
<input type="text"/>	<input type="text"/>	<input type="radio"/> Female <input type="radio"/> Male	<input type="text" value="DD / MM / YYYY"/>
Primary email		I would like MDA National to send me all policy documents via email to the address provided by me. <input type="radio"/> YES <input type="radio"/> NO	
<input type="text"/>			
Postal address		Suburb	
<input type="text"/>		<input type="text"/>	
State	Postcode	Mobile number	Telephone number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Medical qualifications, graduation and internship details

**Your category of cover will be based on the year and period of your graduation.** Please see the information overleaf regarding the applicable categories.

Name of medical school/university		
<input type="text"/>		
Type of degree (e.g. MD, MBBS)	When did you commence your medical degree?	In what year will you or did you graduate?
<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="DD / MM / YYYY"/>
If you have already received your provisional registration with AHPRA please provide the date of registration:		
<input type="text" value="DD / MM / YYYY"/>		

### History - including indemnity, claims, complaints, investigations and proceedings

- 1 Have you ever had any claims or complaints made against you arising from your provision of healthcare services, or are you aware of any circumstances which may give rise to a claim or complaint against you?  YES  NO
- 2 Have you ever been the subject of any investigation, complaint, disciplinary or other proceeding, including but not limited to your medical studies or practice of medicine, your health or fitness to practice, your conduct as a student or medical practitioner? This includes proceedings by a University, registration board or any other academic or professional body.  YES  NO
- 3 Have you ever been arrested or had criminal charges made against you in any jurisdiction whether or not the arrest or charge relates to your provision of healthcare services? *For the purposes of this question, please disregard traffic or minor motor vehicle licensing offences.*  YES  NO
- 4 Do you have or have you ever had any conditions, undertakings, cautions, reprimands or notations on your registration in Australia or elsewhere?  YES  NO

If you have answered **YES** to any of the questions in this section, please provide a detailed description of each matter on a separate attachment. Please do not send any original documents with this form.

### Declaration and acceptance. Please read the Important Notice overleaf before signing below

#### Application for Membership

I wish to apply for Membership of MDA National Limited (MDA National). If my Membership application is accepted I agree to be bound by the Constitution of MDA National and I undertake to contribute to the assets of MDA National, such amount as may be required, up to \$10, if MDA National is wound up while I am a Member or within one year afterwards.

#### Please SIGN and DATE below

<input type="text" value="X"/>	<input type="text" value="DD / MM / YYYY"/>
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#### By signing this I declare that:

1. I acknowledge that I have been provided with access to the Financial Services Guide (FSG), Product Disclosure Statement (PDS) and Policy Wording and I agree to be bound by the terms and conditions of the policy.
2. I have read and understand the Important Notice and contents of this application and proposal and acknowledge that the information included in, or attached to, this form is accurate and complete.
3. I understand my duty of disclosure exists until the contract of insurance is entered into and that I have a continuing obligation to inform MDA National Insurance of any material alteration of the risk during the period of insurance including any material change in the nature of the professional services provided by me.

#### Authorisation and consent

4. I consent to MDA National Insurance and any companies, firms or individuals who assist them in providing services including its reinsurers, advisers, medical specialists, solicitors and barristers, holding, using and disclosing the information I provide, in accordance with the MDA National Group Privacy Policy.
5. I authorise and request any Medical Board or other registration body to release all information requested by MDA National Insurance in relation to my registration as a medical student or medical practitioner, any conditions placed on my registration and any investigations involving me, whether or not there has been a final resolution.
6. I authorise and request any former insurer or indemnity provider to release all information requested by MDA National Insurance regarding all requests for indemnity assistance including details of claims, complaints, investigations or inquiries involving me, whether or not there has been a final resolution.

## IMPORTANT NOTICE

To have a thorough understanding of the cover provided under the Policy please read the following information in conjunction with the current *Professional Indemnity Insurance Policy Combined Financial Services Guide, Product Disclosure Statement and Policy Wording* and any *Supplementary Financial Services Guide and Product Disclosure Statement and Endorsement to Policy Wording*. This is enclosed and also available from the Downloads section at [mdanational.com.au](http://mdanational.com.au).

### Your duty of disclosure

Before you enter into an insurance contract, you have a duty, under the Insurance Contracts Act 1984 (Cth) to tell us anything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms. You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

### If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

### Claims made cover

The Professional Indemnity Insurance Policy is a claims made contract of insurance. This means that the policy responds to matters that have occurred on or after the retroactive date that you first become aware of and notify to us during the period of insurance.

### Requirement to notify us

You must notify us in writing as soon as practicable of any material alteration of the risk during the period of insurance including any material change in the nature of the professional services provided by you. You must notify us in writing as soon as practicable after you become aware of:

- any claim, investigation or inquiry; or
- any circumstance that might lead to a claim against you or to an investigation or inquiry involving you; or
- any other matter which might give rise to a claim for indemnity under this policy

### Policy Documents

Policy documents referred to in the Personal Details section of this Application and Proposal form includes but is not limited to, renewal offers, policy amendment documents and Certificates of Insurance and Currency.

### Rights under section 40(3) of the Insurance Contracts Act

If you have a policy with us and notify us in writing of circumstances which may give rise to a claim during your period of cover, the fact that you do not give us written notice of a claim relating to those circumstances before your policy has expired will not, of itself, relieve us of liability in relation to the claim. However, you must notify us of a claim, investigation, inquiry or any other matter that may give rise to a claim for indemnity as soon as you become aware of it.

### Publications

Once you become a Member, our publications will be emailed to you. You may opt in to receive a hard copy via mail or opt out of receiving the publications altogether by unsubscribing. These publications are also available on the MDA National website at [mdanational.com.au](http://mdanational.com.au).

### What category of cover is appropriate for you

This Application and Proposal form should be completed by medical students and recent graduates. Based on your graduation date we will cover you under one of the following categories;

#### Student

The Student category is appropriate for medical students enrolled in an initial medical course with an accredited Australian medical school for the purpose of receiving an MBBS, MChd or an MD. The Student category is not applicable once you complete the program of study or cease to be enrolled as a medical student.

For students six months prior to graduation, the Final Year Student/Intern category is appropriate.

#### Final Year Student /Intern

The Final Year Student/Intern category is appropriate if you are:

- a medical student in your final six months prior to graduation; or
- an intern or a new graduate in the first 18 months after graduation.

This category does not provide cover for any private practice undertaken during an internship.