IRISH MEMBERSHIP UPGRADE FORM
This form can only be used by existing PPS members who wish to upgrade their membership to Silver or Gold member before 30th June 2020. The cost to upgrade is 653 to upgrade Bronze to Silver membership (Members Professi Protection Plan (MPPP membership. Your upgra (at your usual membersh of your upgraded memb

| before 30th June 2<br>Protection Plan (M<br>membership. Your 1<br>(at your usual mem<br>of your upgraded 1 | 2020. Th<br>IPPP) €<br>upgraded<br>ubership<br>membersh | ie cosi<br>1,300,0<br>Silven<br>renewa<br>hip. P | t to<br>000) or (<br>or (<br>ol date<br>lease | upgri<br>or S<br>Gold<br>e) yo:<br>see | ade is<br>ilver<br>meml<br>u will<br>the P | s €5<br>to 0<br>bersh<br>l reco<br>PS | i3 to<br>Gold<br>ip wi<br>eive i<br>inforn | upg<br>mem<br>ill las<br>diso<br>nation | rade<br>bersh<br>st for<br>count<br>n lea | Bron<br>tip (<br>r 12<br>to t<br>tflet | nze<br>MPP<br>mon<br>ake i<br>for n | to Si<br>P €2<br>ths.<br>nto a<br>nore | lver 1<br>1,200,0<br>When<br>1ccount<br>details | nembe<br>00 a<br>you<br>t the<br>abor | ersh<br>nd<br>nex<br>ren<br>ut | ip (N<br>€93<br>t ren<br>tainin | Memi<br>for<br>ew 1<br>19 ni | bers<br>Bron:<br>Jour<br>umber | Profes<br>ze to<br>memb<br>of n | ssional<br>Gold<br>ership<br>nonths | l<br>d<br>o | OF       | Tell     |        | Malo | ,        |
|--|---|--|---|--|--|---------------------------------------|--|---|---|--|-------------------------------------|--|---|---------------------------------------|--------------------------------|---------------------------------|------------------------------|--------------------------------|---------------------------------|-------------------------------------|-------------|----------|----------|--------|------|----------|
| Section 1 - P  |   | al D   |   |  | 'LE I                                      | EA                                    | LL S                                       | EUI                                     | ION                                       | 15 IN                                  | I BL                                | OCK                                    | CAP   | TIAL                                  | .5                             |                                 |                              |                                |                                 |                                     |             | ME       | MBER     | SHIP N | UMBE | R        |
| What is you PPS  | S mem   | bersł  | nip n   | um                                     | ber?                                       |                                       |  |   |   |  |                                     |  | _   |                                       |                                |                                 |                              |                                |                                 |                                     | -           |          |          | FEE    |      | $\dashv$ |
| Title  | Dr  |  | Mis   | SS                                     |  | Mr                                    |  | Mr                                      | s   |  | Ms                                  |  | Prof  | f [                                   | I                              | Rev                             |                              | 1                              | 0                               | ther                                |             |          |          |        |      |          |
| First Name(s)  |   |  |   |  |  |                                       |  |   |   |  |                                     |  |   |                                       |                                |                                 |                              |                                |                                 |                                     | -           |          |          |        |      |          |
|  |   |  | <u> </u>                                      | <u></u>                                |  |                                       |  |   |   |  |                                     | <u></u>                                |   | _                                     |                                | <u> </u>                        | <u></u>                      |                                |                                 |                                     |             |          | DATE     | RECEI  | VED  |          |
| Last Name  |   |  | <u> </u>                                      |  |  |                                       |  |   |   |  |                                     |  | Щ   |                                       |                                | <u> </u>                        |                              |                                |                                 |                                     |             |          |          |        |      |          |
|  |   |  |   |  |  |                                       |  |   |   |  |                                     |  |   |                                       |                                |                                 |                              |                                |                                 |                                     |             |          | STA      | RT DA  | ΓE   |          |
| Address  |   |  |   |  |  |                                       |  |   |   |  |                                     |  |   |                                       |                                |                                 |                              |                                |                                 |                                     |             |          |          |        |      |          |
|  |   |  | Ì   |  |  |                                       |  |   |   |  |                                     |  | П   | Ì                                     |                                | Ì                               |                              | Ì                              |                                 |                                     | ı           |          | N        | OTES   |      |          |
|  |   |  |   |  |  |                                       |  |   |   |  |                                     |  | П   |                                       |                                |                                 |                              |                                |                                 |                                     |             |          |          |        |      |          |
|  |   |  |   | <u> </u>                               |  |                                       | <u> </u>                                   |   |   |  |                                     |  |   |                                       |                                |                                 |                              |                                |                                 |                                     |             |          |          |        |      |          |
|  |   |  | <u> </u>                                      |  |  |                                       |  |   |   |  |                                     |  |   |                                       |                                | I                               |                              |                                |                                 |                                     |             |          |          |        |      |          |
| Home Phone   |   | <u> </u>   |   |  |  |                                       |  |   |   |  |                                     |  |   | _                                     |                                |                                 |                              | <u> </u>                       |                                 |                                     |             |          |          |        |      |          |
| Work / Mobile  |   |  |   |  |  |                                       |  |   |   |  |                                     |  |   |                                       |                                |                                 |                              |                                |                                 |                                     |             |          |          |        |      |          |
| Email  |   |  |   |  |  |                                       |  |   |   |  |                                     |  |   |                                       |                                |                                 |                              |                                |                                 |                                     |             |          |          |        |      |          |
|  |   |  |   |  |  |                                       |  |   |   |  |                                     |  |   |                                       |                                |                                 |                              |                                |                                 |                                     |             |          |          |        |      |          |
| Section 2 - P Which areas of   |   | siona  |   |  |  |                                       | curre                                      | -                                       | y co                                      |  | ed fo                               | or?                                    |   |                                       | P                              | sycl                            | noth                         | neraj                          | ру                              |                                     |             |          |          |        |      |          |
| If others  | , please  | give   | detai   | ls:                                    |  | L                                     | <u> </u>                                   | <u> </u>                                | 1   |  |                                     | <u> </u>                               | _   | <u> </u>                              | L                              |                                 | _                            |                                | <u> </u>                        | <u> </u>                            |             | <u> </u> | <u> </u> |        |      | Щ        |
|  |   |  |   |  |  |                                       |  |   |   |  |                                     |  |   |                                       |                                |                                 |                              |                                |                                 |                                     |             |          |          |        |      |          |
| 1 - Do y<br>If you have  | Ye  | S  |   |  | No   |                                       |  |   |   |  |                                     |  | ountr   |                                       | livid                          | lual bi                         | asis.                        |                                |                                 |                                     |             |          |          |        |      |          |
| Section 3 - A  |   |  | nfor  | ma                                     | itior                                      | 1                                     |  |   |   |  |                                     |  |   |                                       |                                |                                 |                              |                                |                                 |                                     |             |          |          |        |      |          |
| Are you current Prac Stud Qualif   | ticing l<br>lent  | Profe  |   |  | _  |                                       | $\rightarrow$                              | Al                                      | ll wo                                     | rk m                                   | ust b                               | e sup                                  | onally<br>pervisi                               | ed. Pi                                | !eas                           | e pro                           | vide                         | nam                            | e of c                          | ourse                               | and         | acad     | emic     | insti  |      |          |

| Section    | n 4 - P  | rofessional Bodies  |         |             |  |  |  |  |  |  |  |  |  |
|------------|--|---|---------|-------------|--|--|--|--|--|--|--|--|--|
| Are you    | ı a mem  | ber of a professional society?  | Yes     |             |  | ] No   |  |  |  |  |  |  |  |
|            | Name o   | of Society(s) (Write in full, no abbreviations please   | ;)      |             |  |  |  |  |  |  |  |  |  |
| Section    | n 5 - A  | dditional Information   |         |             |  |  |  |  |  |  |  |  |  |
|            |  | nything else for which you need to notify us? If you hich must be signed and dated.   | require | r more spac | се р   | lease enclose additional information on seperate |  |  |  |  |  |  |  |
| Section    | n 6 - M  | lembership Fees & Payment   |         |             |  |  |  |  |  |  |  |  |  |
|            |  | de Required t for more information or visit www.ppsweb.info.  |         | Please s    | ele  | ect your preferred method of payment             |  |  |  |  |  |  |  |
| All levels | €1,300,000 BRON2 €2,200,000 SILVER €2,200,000  | ZE TO SILVER MEMBERSHIP (€53)  00 Members Professional Protection Plan  ZE TO GOLD MEMBERSHIP (€93)  00 Members Professional Protection Plan  R TO GOLD MEMBERSHIP (€53)  00 Members Professional Protection Plan  ership include €6,500,000 Public Liability Insurance | ·       |             | neque, Postal Order of Bank Draft complete and return this form with payment. sike payable to <u>Psychologists Protection Society</u> . syment must be in Euros, We cannot accept Pounds Sterling) yment by Credit / Debit Card by Telephone complete and return this form. PPS Staff will call you take your payment. Please ensure your phone number at the of this page is correct) |  |  |  |  |  |  |  |  |
| Section    | n 7 - D  | eclaration  |         |             |  |  |  |  |  |  |  |  |  |
| I declar   | e that:  |   |         |             |  |  |  |  |  |  |  |  |  |
|            | (1)<br>(2)   | During the past five years no claim has been made against me, any employee or supervisee of mine for negligence, error or omission relating to professional duties;  I am not aware, after enquiry, of any circumstances which might give rise to a claim               |         |             |  |  |  |  |  |  |  |  |  |
|            | (-)  | against me, any of my employees or supervisees of mine;   |         |             |  |  |  |  |  |  |  |  |  |
|            | (3)  | I will not work outside the Republic of Ireland (except where approved by PPS).   |         |             |  |  |  |  |  |  |  |  |  |
|            | (4)  | No underwriter in respect of the work that I do has ever refused renewal, terminated an agreement, or imposed special conditions;   |         |             |  |  |  |  |  |  |  |  |  |
|            | (5)  | That all the above information is true and complete and that this membership form shall be the basis of the contract between myself and the company.  |         |             |  |  |  |  |  |  |  |  |  |
|            | (6) Once a member of PPS, I will advise PPS of any problems by phone and in writing as soon as possible as assistance cannot be provided retrospectively. I will also inform PPS in writing of any changes in my circumstances or practice |   |         |             |  |  |  |  |  |  |  |  |  |
| If there   | are any  | amendments to the above declaration plea  | se give | e details   | on   | a separate signed sheet.                         |  |  |  |  |  |  |  |
|            | Signed   |   | X       | Date        |  |  |  |  |  |  |  |  |  |

Please return to;
PPS, The eCentre, Cooperage Way, Alloa, Clackmannanshire, FK10 3LP, Scotland
Telephone: 00 44 (0) 333 320 8074 Email: enquiries@ppstrust.org Web: www.ppstrust.org