

Section 4 - Professional Bodies

Are you a member of a professional society? Yes No

Name of Society(s) (Write in full, no abbreviations please)

Section 5 - Additional Information

Is there anything else for which you need to notify us? If you require more space please enclose additional information on separate sheets which must be signed and dated.

Section 6 - Membership Fees & Payment

Level of Upgrade Required

See information leaflet for more information or visit www.ppstrust.org.

BRONZE TO SILVER MEMBERSHIP (£44)

£1,000,000 Members Professional Protection Plan

BRONZE TO GOLD MEMBERSHIP (£78)

£2,000,000 Members Professional Protection Plan

SILVER TO GOLD MEMBERSHIP (£44)

£2,000,000 Members Professional Protection Plan

All levels of membership include £5,000,000 Public Liability Insurance

Please select your preferred method of payment

Cheque, Postal Order or Bank Draft

(Complete and return this form with payment.
Make payable to Psychologists Protection Society)

Payment by Credit / Debit Card by Telephone

(Complete and return this form. PPS Staff will call you to take your payment. Please ensure your phone number at the top of this page is correct)

Section 7 - Declaration

I declare that:

- (1) *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;*
- (2) *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 United Kingdom (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 please give details on a separate signed sheet.

Signed

Date

Please return to;
PPS, The eCentre, Cooperage Way, Alloa, Clackmannanshire, FK10 3LP
Telephone: 0333 320 8074 Email: enquiries@ppstrust.org
Web: www.ppstrust.org