

UK MEMBERSHIP UPGRADE FORM

This form can only be used by existing PPS members who wish to upgrade their membership to Silver or Gold membership before 30st April 2022. The cost to upgrade is £44 to upgrade Bronze to Silver membership (Members Professional Protection Plan (MPPP) £1,000,000) or Silver to Gold membership (MPPP £2,000,000) and £78 for Bronze to Gold membership. Your upgraded Silver or Gold membership will last for 12 months. When you next renew your membership (at your usual membership renewal date) you will receive a discount to take into account the remaining number of months of your upgraded membership. Please see the PPS information leaflet for more details about the levels of membership.

PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS



OFFICE USE ONLY

MEMBERSHIP NUMBER

FEE

DATE RECEIVED

START DATE

NOTES

Section 1 - Personal Details

What is your PPS membership number?

Title Dr Miss Mr Mrs Ms Prof Rev Other

First Name(s)

Last Name

Address

Postcode

Home Phone

Work / Mobile

Email

Section 2 - Professional Information

Which areas of professional work are you currently covered for?

Counselling Psychology Psychotherapy

If others, please give details:

1 - Are you registered with the Health & Care Professionals Council (HCPC)?

Yes No

If Yes, Please provide us with your Registration number.

2 - Do you work with under 16s?

Yes No

If YES it is a requirement of membership that you have a current Criminal Record Disclosure or devolved equivalent (ie Disclosure Scotland / Access Northern Ireland)

3 - Do you work outside the UK?

If so, in which Countries?

Yes

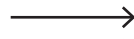
No

If you have answered Yes to questions 1-2 and need to make a future claim, you will be required to provide evidence at that time.
If you have answered Yes to question 3, please give details separately as cover has to be approved on an individual basis.

Section 3 - Academic Information

Are you currently a

Practising Professional



You must be professionally qualified and / or a member of a UK professional body.

Student



All work must be supervised. Please provide name of course and academic institution.

Qualifications / Current Course of Study (including when & where obtained or if a student, provide details of course of study & tutors name)

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, Lime Tree House, North Catle Street, Alloa, FK10 1EX
Telephone: 0333 320 8074 Email: enquiries@ppstrust.org
Web: www.ppstrust.org