

Student membership application

New Zealand – NZCCP

04 801 6088 | office@nzccp.co.nz | medicalprotection.org

Please complete all editable sections of this form electronically and return by email to the address above

Alternatively please print out and complete using BLACK INK and BLOCK CAPITALS and return by post to:
Caroline Greig, NZCCP, PO Box 24088, Wellington 6142, New Zealand

Membership start date and personal details

If your application for membership of MPS is approved, it will be dated from the day following receipt of your application unless you specify a later start date in the box to the right: (DD/MM/YYYY)

| | | |
|---|---|--|
| Title | | Home address – if correspondence address please tick <input type="checkbox"/> |
| First name | | |
| Surname | | |
| Previous name (if any) | | |
| Date of birth (DD/MM/YYYY) | | Postcode (zip or postal area) |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | Term address – if correspondence address please tick <input type="checkbox"/> |
| Nationality | | |
| University | | |
| Current year of study | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Final | Postcode (zip or postal area) |
| Expected graduation date (MM/YYYY) | | Email address |
| | | Mobile |

IMPORTANT – Your Personal Information and Data

When interacting with MPS, you may choose to give MPS information about your criminal convictions and offences (including alleged offences), your health, race, ethnic origin, sex life, sexual orientation and trade union membership ("Special Category Data"). This happens where that information is relevant to your membership or the actual or potential provision of advice, assistance or indemnity. We may also receive Special Category Data about you from others in connection with membership or advice, assistance or indemnity (eg from a complainant, claimant, witness, expert, court or regulator).

To find out more about how we collect, use and handle your data including Special Category Data, please see the Privacy Statement on our website medicalprotection.org/privacy

When you tick the box below, you expressly consent to MPS processing your Special Category Data for the purposes of providing you with membership and its benefits (including assistance and indemnity).

I consent

You may withdraw consent to such processing by contacting MPS, but if you do so we will no longer be able to provide you with membership and its benefits.

IMPORTANT – Please read, sign and add the current date below

By signing and returning this form, you agree and confirm that:

- You wish to apply for membership of MPS subject to the Memorandum and Articles of Association.
- You understand that any failure to disclose full and accurate details may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership.
- You understand that membership is not conferred automatically and is subject to approval by MPS.
- You will inform us if your personal circumstances change.
- For the purposes of New Zealand law and the New Zealand Privacy Act 2020, we may obtain, process, retain and transfer your personal information as set out in the Privacy Statement on our website medicalprotection.org/privacy

Date

Please note this must be the current date

- In order to provide you with the best possible service we would like to inform you of other products and services offered by us that we believe may be of interest to you. To opt-in to receive such information, either via post or email, please tick here.

You can contact us to update your marketing preferences.

Please tell us why you have chosen MPS – Your comments are important to us, please tick below

| | |
|--|--|
| 1. <input type="checkbox"/> Recruited at school | Why have you chosen to apply for MPS membership? |
| 2. <input type="checkbox"/> Press advertising | |
| 3. <input type="checkbox"/> Personal recommendation | |
| 4. <input type="checkbox"/> Other (please provide details) | |