

Student membership application

NZCCP – NEW ZEALAND

TELEPHONE MPS C/O NZCCP 04 801 6088
office@nzccp.co.nz

MPS


Please complete and return to: MPS c/o New Zealand College of Clinical Psychologists, PO Box 24088, Wellington 6142.

If your application for membership of MPS is approved, it will be dated from the day following receipt of your application. If you would prefer it to commence from a later date please state:

D	D	M	M	Y	Y	Y	Y
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Surname

Title

Forename(s)

Previous name (if any)

Date of birth

D	D	M	M	Y	Y	Y	Y
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Gender (please tick)

Male Female

Nationality

University

Current year of study? 1 2 3 4 5 Final

Expected month and year of graduation (eg 11 – 2010)

D	D	Y	Y	Y	Y
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Please complete both addresses:

Home address – if correspondence address please tick:

Postcode/Zip

Term address – if correspondence address please tick:

Postcode/Zip

Data protection – please read

We will process the information you provide on our systems for administration of your membership and claims, and for underwriting, marketing, risk assessment, research and advisory purposes. We may disclose your information to legal or other professional advisers or other medical protection organisations as part of our advisory and claims-handling process, as well as to third parties who assist with member services.

By signing this form or completing it online you consent to the processing of personal data, including sensitive personal data for the purposes outlined above.

You have the right to apply for disclosure of personal data that we have relating to you, for which we make a nominal charge.

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. If you do not wish to receive such information, either via post or email please tick this box

Declaration

I confirm that I would like to apply to become a student member of MPS. I understand that my membership is subject to the terms and conditions of the MPS *Memorandum and Articles of Association*. I confirm that the information I have provided is correct to the best of my knowledge.

Signature

Telephone

Mobile

Email

Date

D	D	M	M	Y	Y	Y	Y
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MPS office use only

Membership number

F 1 2 3 4 5 Final

Why MPS membership?

Feedback from new members is very important, please help by answering the following questions.

How did you learn about MPS? (Please circle)

- 1 Recruited at school
- 2 Press advertising
- 3 Personal recommendation
- 4 Other (please give details in the space provided)

Why have you chosen to apply for MPS membership? (Please give details in the space provided)

MPS C/O NZCCP

PO Box 24088,
Wellington 6142.

Telephone 04 801 6088

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The Medical Protection Society Limited
A company limited by guarantee
Registered in England No. 36142
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MPS is not an insurance company.
All the benefits of membership of
MPS are discretionary as set out in the
Memorandum and Articles of Association.