

Application for membership

Practice name:		
Practice address:		
Practice postcode:		
Practice telephone number:		
Practice email address:		
Practice website address:		
Practice/ Premises Owner(s)/ Leaseholder:	Name & address	GDC number
(please continue on a separate sheet if necessary)		
CQC (Eng), RQIA (N.Ire), HIS (Sco), HIW (Wales) registration number		
Main contact:		
Main contact telephone number and email:		
This should be a separate email address to the practice email or an individual BDA membership email. We will send our newsletter and other important emails about your membership to this address		
Further information about contacting the practice:		

We would occasionally like to contact you about new benefits, upcoming events, and news.

Please choose what you would like to hear about by ticking the box.

Email

Good Practice news
 Good Practice Marketing

Post

Type of practice (please tick):

Community Dental Service/ Salaried Dental Service General Dental Practice Orthodontics Specialist Referral

NHS Mixed Private

Please list on a separate sheet all linked practices within the group, if applicable.

We understand that the application process is time-critical and that it is our responsibility to ensure an effective communication channel with the Scheme whilst our application is being considered.

In making this application, we declare that:

1. We have undertaken the Good Practice self-assessment in good faith and have assured ourselves that our working methods enable us to comply with the Good Practice Scheme's requirements
2. We are applying for Good Practice Scheme membership and are ready for a Scheme assessment (2.5 hours duration), please arrange for an assessor to contact us to arrange a mutually convenient time to visit our practice.
3. We understand the purpose of the Scheme and have individually indicated our support for the Good Practice Scheme (overleaf)
4. In the event of our being accepted as members of the Scheme, we will comply with all the rules of the Scheme, including amendments or additions to the requirements which the British Dental Association may introduce from time to time, as shown on the website www.bda.org/gps
5. We understand that a new Good Practice self-assessment will be required to continue our membership of the Scheme beyond three years and that we must return the Good Practice Scheme plaque to the BDA if our membership of the Good Practice Scheme ceases for any reason.

Signed on behalf of the practice: Date:

Fees are revised each year. The current fees can be viewed at: www.bda.org/gps. Alternatively, you can contact the Good Practice Scheme administrator on 020 7563 4598.

PART 1: Assessment Fee

Payment by card: amount to be charged/debited £

Credit card Debit card Visa MasterCard Maestro

Name of card holder:

Security code: Issue number: Valid from: Expiry date:

Card number:

Billing address and telephone number if different from the practice address:

.....

 Postcode:

Telephone:

Signature: Date:

PART 2: Membership Fee

<h3 style="margin: 0;"><u>BDA</u> Instruction to your Bank or Building Society to pay by Direct Debit</h3> <p style="margin: 0;">Please fill in the whole form using a ball point pen and send to: Good Practice Scheme, British Dental Association, 64 Wimpole Street, London W1G 8YS</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 5px;">To: The Manager</td> <td style="border: none; padding-left: 20px;">Bank/Building Society</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">Address</td> <td style="border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"></td> <td style="border: none; text-align: right;">Post code</td> </tr> </table> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 5px;">Name(s) of Account Holder(s)</td> </tr> </table> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 5px;">Bank/Building Society account number</td> <td style="border: none; 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I understand that this instruction may remain with the British Dental Association and, if so, details will be passed electronically to my bank/Building Society.</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 5px;">Signature(s)</td> <td style="border: none; height: 30px;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">Date</td> <td style="border: none; height: 30px;"></td> </tr> </table>	Service user number	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">9</td> <td style="width: 20px; height: 20px; text-align: center;">9</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px; text-align: center;">4</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> </tr> </table>	9	9	2	3	4	0	Reference	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												Signature(s)		Date	
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Banks and Building Societies may not accept Direct Debit Instructions for some types of account

Electronic privacy
 From time to time the BDA will communicate with its members by email. Such communications may include information relating to BDA products, services and events. You are able to opt out of receiving these communications at any time.

Occasionally the BDA may provide some of this information (excluding 'sensitive personal data') to other organisations for the purposes of ensuring that you get the most from your membership. This will only be done, however, when the BDA has approved by licence or other agreement the way in which those organisations will use the information to enhance the value of BDA membership.

If you do not wish any other organisation to receive any information about you, please tick here

Data Protection Act
 The BDA will hold your personal details on its computer database and process it in accordance with the Act. This information may be accessed, reviewed and used by the BDA for administrative purposes (for example, processing your membership) and conducting market research. All of these purposes have been notified to the Information Commissioner. If you are based outside the European Economic Area (EEA), information about you may be transferred outside the EEA in accordance with the requirements of the Act.

This guarantee should be detached and retained by the payer

The Direct Debit Guarantee



- The Direct Debit Guarantee
- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
 - If there are any changes to the amount, date or frequency of your Direct Debit the British Dental Association will notify you five working days in advance of your account being debited or as otherwise agreed. If you request the British Dental Association to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
 - If an error is made in the payment of your Direct Debit, by the British Dental Association or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
 - If you receive a refund you are not entitled to, you must pay it back when the British Dental Association asks you to.
 - You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.