

## INFORMATION AND MEMBERSHIP APPLICATION FORM

The Independent Doctors Federation is the largest organisation dedicated to independent practice in the UK. The IDF is a Statutory Designated Body and its aim is to support doctors in independent practice to attain the highest professional standards in their care for patients.

There are many professional advantages for doctors who are IDF members:

- A Council that lobbies parliament, government organisations, insurance companies and regulatory authorities on behalf of its members
- An active and regular social and educational programme. Visit [www.idf.uk.net](http://www.idf.uk.net) for more details
- An approved Appraisal System by trained appraisers for those seeking separate independent practice appraisal
- A Responsible Officer to whom members may relate if they qualify to do so under the DOH "Connecting Doctors to Responsible Officers" flow chart
- An independent Complaints Procedure for member doctors
- A regular e-bulletin which keeps members updated on current events of interest and reports on meetings
- Listing on the IDF Website
- Mentoring help for those newly setting up in independent practice
- Doctors who are members of the IDF become part of an increasingly large and more influential organisation that is better equipped to deal with the many and varied issues facing independent doctors than those acting in isolation.

## CRITERIA FOR JOINING

Any doctor wishing to join the IDF must fulfil the following criteria:

- Have a GMC licence to practise
- Be proposed by a fully accredited IDF member and seconded by a fully accredited IDF member.
- If the applicant is unable to find a proposer and / or seconder from within the IDF they should submit a one-page CV which should include the names of 2 referees who have known them for a number of years in a professional capacity. The referees should be GMC registered doctors who are still practising medicine.
- If the Membership Secretary / Council find the references to be unsatisfactory, then the prospective member would be approached or interviewed by a member or members appointed by council.
- Provide evidence of a satisfactorily signed off current appraisal. Evidence required as follows;
  - a copy of the Form 4 sign-off for those who have completed paper-based appraisal
  - a copy of the completed Form 4 or equivalent sign off sheet for those who have undergone electronic appraisal.
- If no appraisal has been undertaken within the last year and the doctor is in clinical practice, agree to be appraised with a satisfactory sign off within the first year of joining. This can be done via the IDF or through another recognised appraisal body. The applicant should advise IDF Administration if they wish to be appraised via the IDF appraisal system.

## ANNUAL SUBSCRIPTION

The annual membership subscription for members in London is £175 and for those outside London it is £125. For retired members the annual subscription is £25.

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# MEMBERSHIP APPLICATION FORM

Please note; Fields in bold text are mandatory. Fields marked with an asterisk will not be publicly displayed.

**Title**

**Forename**

**Surname**

**Display Permission \***  
(please select one only)      Public Display      [   ]

Member Only Display      [   ]

Admin Only Display      [   ]

**Date of Birth \***  (DD/MM/YY)

**Sex \***      Male [   ]      Female [   ]

**Qualifications**

**Medical School \***

**Appointments Tel No**

**Fax No**

**Home Tel No \***

**Mobile No \***

Public Email Address

Private Email Address \*

Preferred Email for IDF \*

Website  http://www.

**Correspondence Address 1 \***

Correspondence Address 2 \*

Correspondence Address 3 \*

**Correspondence Town \***

Correspondence County \*

**Correspondence Postcode \***

If Practice Address is the same as Correspondence Address, please tick box      [   ]

Practice Address 1

Practice Address 2

Practice Address 3

Practice Town

Practice County

Practice Postcode

**Retired** Yes [ ] No [ ]

**Speciality**

Other Speciality/ies if applicable

Main Interests

**GMC Registration No \***

**Date of GMC Registration \***  (DD/MM/YY)

**Are you on the GMC GP Register? \*** Yes [ ] No [ ]

**Are you on the GMC Specialist Register? \*** Yes [ ] No [ ]

**Are you CQC Registered? \*** Yes [ ] No [ ]

**CQC Certificate Date \***  (DD/MM/YY)

Please note, all applicants must either provide evidence of a satisfactorily signed off current appraisal by way of a copy of Form 4 from the latest appraisal or, if no appraisal has been undertaken within the last year and the doctor is in clinical practice, agree to be appraised with a satisfactory sign off within the first year of joining.

**Have you been appraised within the last year?** Yes [ ] No [ ]

**If yes, please enclose a copy of your Form 4 sign-off**

**Date of Last Appraisal \***  (DD/MM/YY)

**Appraisal Organisation \***

**Name of Designated Body\***

**I have not been appraised within the last year and agree to be appraised within a year of joining the IDF**

**Do you plan to be appraised by the IDF for your future appraisals?** Yes [ ] No [ ]

## REFERENCES

**Please insert below the names of your proposer and seconder and note that they must be IDF members.** If you are unable to find a proposer and/or seconder please enclose a one-page CV which should include the names of 2 referees who have known you for a number of years in a professional capacity. They should be GMC registered doctors who are still practising medicine.

<b>Proposer Name:</b>	<b>Seconder Name:</b>
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All applications are put before IDF Council for consideration and must be received 10 working days ahead of the Council meeting. For details of Council dates please see the Calendar of Events on our website.

As a condition of membership, I undertake to abide by the Articles of Association of the Independent Doctors Federation as they stand and also as amended from time to time.

<b>Signature:</b>	<b>Date:</b>
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**Please return this form together with the direct debit mandate and Ethnic Origin form (plus a copy of your Form 4 sign-off from your most recent appraisal and your CV as appropriate) to:**

IDF Administration, 20 Horn Lane, Woodford Green, Essex, IG8 9AA



# Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send it to:

Independent Doctors Federation  
 20 Horn Lane  
 Woodford Green  
 Essex  
 IG8 9AA

Service user number

4	3	3	6	9	2
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Reference (please leave blank for IDF to complete)

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Name(s) of Account Holder(s)


Bank/Building Society account number

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Branch Sort Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
Postcode	

Instruction to your Bank or Building Society

Please pay Independent Doctors Federation Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this Instruction may remain with Independent Doctors Federation and if so, details will be passed electronically to my Bank/Building Society.

Signature(s)
Date

Banks and building societies may not accept Direct Debit Instructions from some types of account

This guarantee should be detached and retained by the payer

## The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debit.
- If there are any changes to the amount, date or frequency of your Direct Debit, the Independent Doctors Federation will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Independent Doctors Federation 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 Independent Doctors Federation 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 Independent Doctors Federation 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.

## Ethnic Origin

**Please tick one box**

### White

- White British
  - White Irish
  - White Other Background
- .....

### Asian

- Indian
  - Bangladeshi
  - Pakistani
  - Chinese
  - Asian Other Background
- .....

### Black

- Caribbean
  - African
  - Any Other Black Background
- .....

### Mixed Ethnic Background

- Mixed White & Black Caribbean
  - Mixed White & Black African
  - Mixed White & Asian
  - Mixed Other Background
- .....

- Any Other Ethnic Group
- .....

Please note that this information is collected for the purpose of compliance with the requirements set out for designated bodies.