

INFORMATION AND MEMBERSHIP APPLICATION FORM

The Independent Doctors Federation is the largest organisation dedicated to independent practice in the UK. 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 for more details
- An approved Appraisal System by trained appraisers for those seeking separate independent practice appraisal
- 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.

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)

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

Appraisal Organisation *

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.

Proposer Name: <input type="text"/>	Seconder Name: <input type="text"/>
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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.

Please note that once your membership is confirmed you will be able to keep your personal profile page up-to-date via the IDF website. As part of this profile you can add details of a further practice should you have one and you can also upload a photo of yourself.

Please return this form together with the standing order mandate (plus a copy of your Form 4 sign-off from your most recent appraisal and your CV as appropriate) to:

IDF Administrator, 27 Nesta Road, Woodford Green, Essex, IG8 9RG

STANDING ORDER MANDATE

Please complete and return to:

IDF Administrator, 27 Nesta Road, Woodford Green, Essex, IG8 9RG

1. Name and address of your bank

To (Bank/Building Society)

Address

Postcode

2. Name of account holder

3. Branch Sort Code

4. Account Number

5. The sum of (£87.50 London members, £62.50 provincial members, £12.50 retired members)

6. Commencing immediately and the sum of £ on 1st January annually thereafter
(£175 London members, £125 provincial members, £25 retired members)

7. To the credit of: Independent Doctors Federation
Account No. 93593746
Sort Code: 20-65-82
Barclays
Pall Mall Corporate Group
50 Pall Mall
London
SW1A 1QA

Signed

Date (DD/MM/YY)