

Section 4 - Professional Bodies

Are you a member of a professional society? Yes No

Name of Society(s) (Write in full, no abbreviations please)

Section 5 - Additional Information

Is there anything else for which you need to notify us? If you require more space please enclose additional information on separate sheets which must be signed and dated.

Section 6 - Membership Fees & Payment

Level of Upgrade Required

See information leaflet for more information or visit www.ppsweb.info.

Please select your preferred method of payment

- BRONZE TO SILVER MEMBERSHIP (€53)**
€1.3 Million Professional Protection, €6.5 Million Public Liability
- BRONZE TO GOLD MEMBERSHIP (€101)**
€6.5 Million Professional Protection, €6.5 Million Public Liability
- SILVER TO GOLD MEMBERSHIP (€53)**
€6.5 Million Professional Protection, €6.5 Million Public Liability

- Cheque, Postal Order or Bank Draft
(Complete and return this form with payment.
Make payable to Psychologists Protection Society.
Payment must be in Euros, We cannot accept Pounds Sterling)
- Payment by Credit / Debit Card by Telephone
(Complete and return this form. PPS Staff will call you
to take your payment. Please ensure your phone number at the
top of this page is correct)

Section 7 - Declaration

I declare that:

- (1) *During the past five years no claim has been made against me, any employee or supervisee of mine for negligence, error or omission relating to professional duties;*
- (2) *I am not aware, after enquiry, of any circumstances which might give rise to a claim against me, any of my employees or supervisees of mine;*
- (3) *I will not work outside the Republic of Ireland (except where approved by PPS).*
- (4) *No underwriter in respect of the work that I do has ever refused renewal, terminated an agreement, or imposed special conditions;*
- (5) *That all the above information is true and complete and that this membership form shall be the basis of the contract between myself and the company.*
- (6) *Once a member of PPS, I will advise PPS of any problems by phone and in writing as soon as possible as assistance cannot be provided retrospectively. I will also inform PPS in writing of any changes in my circumstances or practice*

If there are any amendments to the above declaration please give details on a separate signed sheet.

Signed



Date



Please return to;
PPS, The eCentre, Cooperage Way, Alloa, Clackmannanshire, FK10 3LP, United Kingdom
Telephone: 00 44 (0) 333 320 8074 Email: enquiries@ppstrust.org
Web: www.ppstrust.org