challenge

Sláintecare Application Form

IMPORTANT INFORMATION – PLEASE READ

This application is designed for consultant practitioners who are both on the Medical Council Specialist Register and who have also signed up to a minimum 37.5 weekly hours HSE Sláintecare contract commitment, this application form must be signed by the Applicant.

It is the duty of the Applicant to disclose all material facts. For the purpose of this Application Form, a material fact shall be deemed to be one that would be likely to influence the judgement of a prudent insurer in fixing the premium or determining whether to underwrite the risk.

Each section of this Application Form must be completed in full. Incomplete or unsigned forms will not be accepted.

Should there be insufficient room on any part of the Application Form to record all necessary details, please use the space provided in Section 5 with reference to the appropriate question.

Failure to disclose full and accurate details may entitle Insurers to void your contract of insurance and will mean that you are not entitled to any benefits of, nor make any claims against, your policy.

It is the responsibility of the Applicant to notify any future change of address or any changes in their professional circumstances.

Once completed, please sign and date the Declaration in Section 6 and return it to:

Challenge Insurance Brokers Limited
Challenge House, 11 Burnell Square,
Mayne River Way, Malahide Road,
D17 VY04.

Email: insurance@challenge.ie
Tel: +353 1 8395942

Should you have any questions, please contact Challenge Insurance Brokers Limited on +353 1 8395942

THE SIGNING OF THIS APPLICATION FORM DOES NOT BIND THE APPLICANT, OR INSURERS, TO COMPLETE A CONTRACT OF INSURANCE.

Section 1 – Basic Details

1. Title
2. Forename
3. Surname
4. Date of Birth
5. Gender — Male — Female
6. Home Address
   (for all correspondence)
7. Email Address
8. Mobile No.
9. IMC Specialist Registration No.
10. IMC Registration Type

    Refer if no valid IMC registration

11. Please indicate your specialty:

- Allergy Medicine
- Anaesthesia
- Cardiology
- Cardiothoracic Surgery
- Chemical Pathology
- Child and Adolescent Psychiatry
- Clinical Genetics
- Clinical Neurophysiology
- Clinical Pharmacology and Therapeutics
- Dermatology
- Emergency Medicine
- Endocrinology and Diabetes Mellitus
- Gastroenterology
- General (Internal) Medicine
- General Practice
- General Surgery
- Genito-Urinary Medicine
- Geriatric Medicine
- Gynaecology (No obstetrics)
- Haematology
- Histopathology
- Immunology
- Infectious Diseases
- Intensive Care Medicine
- Medical Oncology
- Microbiology
- Neonatology
- Nephrology
- Neurology
- Neuropathology
- Neurosurgery
- Nutritionist
- Occupational Medicine
- Ophthalmic Surgery
- Ophthalmology
- Oral and Maxillofacial Surgery
- Otolaryngology
- Paediatric Cardiology
- Paediatric Surgery
- Paediatrics
- Pain Medicine
- Palliative Medicine
- Pharmaceutical Medicine
- Plastic, Reconstructive and Aesthetic Surgery
- Psychiatry
- Psychiatry of Learning Disability
- Psychiatry of Old Age
- Public Health Medicine
- Radiation Oncology
- Radiology
- Rehabilitation Medicine
- Respiratory Medicine
- Rheumatology
- Sports and Exercise Medicine
- Trauma and Orthopaedic Surgery
- Tropical Medicine
- Urology
- Vascular Surgery

12. Please tick below at which hospital(s)/Clinic(s) you work. If the entity is not listed, please tick “Other” and name all your private practice locations:

- Aut Even Hospital, Kilkenny
- Barrington’s Hospital, Limerick
- Beacon Hospital, Dublin
- Beaumont Private Clinic, Dublin
- Blackrock Clinic, Dublin
- Bon Secours Hospital, Cork
- Bon Secours Hospital, Dublin
- Bon Secours Hospital, Galway
- Bon Secours Hospital Tralee, Kerry
- Clane General Hospital, Kildare
- Galway Clinic, Galway
- Hermitage Medical Clinic, Dublin
- Highfield, Dublin
- Kingsbridge Hospital, Sligo
- Mater Private Hospital, Dublin
- Mater Private Hospital, Cork
- Sports Surgery Clinic, Dublin
- St Francis Private Hospital, Westmeath
- St John of God Hospital, Dublin
- St Edmonsbury (part of St Patrick’s University Hospital), Lucan
- St Patrick’s University Hospital, Dublin
- Vincent’s Private Hospital, Dublin
- Whitfield Clinic, Waterford
- Other (please specify)

Section 2 – Practice Profile *(continued)*

13. What type of work will you be performing, for which you require indemnity, outside of your Sláintecare contract?

    i. Surgical Procedures   ii. Consulations and/or Non-Procedural Work   iii. Medico Legal Work

14. If you have indicated that you perform surgical procedures in question 13, please state the approximate number of procedures you perform per year in your independent private practice for each of the following categories:

    i. Minor   ii. Intermediate   iii. Major

15. Please state the approximate percentage of your overall practice which involves patients under 16 years of age %

16. Do you plan to cease all practice within the next 5 years? Yes No

17. Do you perform work outside the Republic of Ireland? (If No, Please provide additional details below) Yes No

    Additional details Yes No

Section 3 – Professional History

18. What year did you begin private practice?

19. Please provide details of current insurance, if applicable

    i. Indemnity/Insurance provider   ii. Year first joined

    iii. Renewal/Expiry Date   iv. Subscription in current year

20. Has your indemnity been continuous since qualification? Yes No

21. Has any application for this type of insurance cover or membership of any defence body ever been declined, cancelled or required special terms? Yes No

22. Have any claims for compensation been made against you for incidents or circumstances arising from public or private practice during the last 10 years? (If "Yes", please provide the relevant date with brief details using additional space in Section 5) Yes No

23. Are you aware of any circumstances from your practice which may give rise to a claim against you? Yes No

24. Have all of the above circumstances been notified to and accepted by your current indemnity provider or insurer? Yes No

25. Have you ever been convicted of any criminal offence (other than minor driving offences), and/or subject to professional disciplinary proceedings by your employer and/or IMC/GMC Fitness to Practice procedures? Yes No

Section 4 – Financial Information

26. Do you provide your services or bill your patients via a Limited Company, or a similar joint venture? Yes No
    (If "Yes", please complete 4. a), b), c) and d).)

    i. Please provide the company name and number

    ii. Are you the only registered medical practitioner working for the company? Yes No

    iii. Is the company set up solely for fiscal reasons? Yes No

    iv. Does the company employ any staff (other than clerical/admin staff)? Yes No

    v. If applicable, do you require cover for any of the staff included above? Yes No

Section 5 – Additional Information

Section 6 – Declaration and Disclosure

I am a HSE doctor who has signed the Slaintecare contract and, as such, have committed to work a minimum of 37 hours per week

I declare and warrant that, after enquiry, all statements and declarations contained in the completed Application Form, together with any and all other information, statements and declarations made to Insurers, or their representatives, by or on behalf of the Insured, whether written or oral, are true and that no information whatsoever has been withheld which might increase the risk to Insurers or influence the acceptance of this Application Form. Should the above statements and declarations alter in any way, I will advise Challenge as soon as practicable. I understand that failure to disclose any material facts which would be likely to influence the acceptance and assessment of this Application Form may result in the refusal to provide indemnity or voiding the policy in every respect. I hereby accept that this Declaration shall be the basis of the contract between both parties if entered into. By signing this document, I authorise Challenge to release information to necessary third parties and give permission for Challenge to use my email address, as provided in Section 1, to send their quotations or correspondence.

Customer Signature

Print Name

Date