

VHI REGISTRATION APPLICATION FORM

Important Note: Please read before completing this form:

- Completion of this form does not constitute acceptance by Vhi Insurance DAC of a doctor’s registration on our files.
- If you hold a Type A Public Hospital Contract do not complete this form as you are not eligible for registration.
- It is the duty of the Provider when registered to notify us immediately of any changes to their circumstances, which includes Hospital Contract, specialty and also most importantly any change to their Medical Council of Ireland registration.
- In accordance with your Hospital Contract, if you hold a Type B Contract please note you will not be covered for off-site private practice in a private hospital or private facility listed in the Vhi Insurance Directory of Hospitals.

If in the event a doctor makes an application to Vhi and some or all of which is subsequently found to be false or erroneous, Vhi reserves the right to re-coup benefits paid and report the matter to the relevant statutory body

Have you previously been registered with Vhi Insurance DAC?	Choose an item.
If the answer is yes please provide us with your Vhi Doctor Code:	Click here to enter text.

Question 1 – Registration details with the Medical Council of Ireland/General Medical Council

Date of registration	Click here to enter a date.
Specialty	Click here to enter text.
Registration Number	Click here to enter text.

*** Have you been subject to a Fitness to Practice Inquiry in any jurisdiction?** Choose an item.

If yes, please provide us with details of any such Inquiry.

**The purpose of this question is to ensure that you have not been sanctioned by a Medical Council Body in any jurisdiction which has resulted in conditions against your registration/suspension.*

Question 2 – Contact Details

Title:	Click here to enter text.	First Name:	Click here to enter text.
Surname:	Click here to enter text.	Maiden Name:	Click here to enter text.
Mobile No:	Click here to enter text.	E Mail:	Click here to enter text.

Question 3 – Address Details

Correspondence Address *					
Correspondence Address Details *	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

* Please note all correspondence in relation to your VHI Doctor Code will be sent to your correspondence address only

Question 4 – Practice Address Details & Secretary Details

Practice Address					
Practice Address Details	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Practice Tel No:	Click here to enter text.	Practice Fax No:	Click here to enter text.		

Practice Manager/Secretary Practice Details*	
Practice Secretary Title	Click here to enter text.
Practice Secretary First Name	Click here to enter text.
Practice Secretary Surname	Click here to enter text.
Practice Secretary Unique Mobile No	Click here to enter text.
Practice Secretary Unique Email Address	Click here to enter text.

* Please note that these practice manager or secretary details are required for them to register for access to the eSchedule. The email address and mobile phone number that you will register for the eSchedule cannot be the same as your secretary/practice manager. Contact details provided to Vhi Insurance will not be shared with any other third party. Details on how to register for the eSchedule will be explained in your registration confirmation letter.

Question 5 – (a) Hospital Appointment

(a) Do you hold a post in Republic of Ireland/Northern Ireland?	Choose an item.
(b) Do you hold a permanent, temporary or locum Consultant Appointment?	Choose an item.
(c) Do you have admitting rights to a private hospital in the Republic of Ireland/Northern Ireland?	Choose an item.

(b) If you hold a Public Hospital Appointment, please complete the following:

What type of Public Hospital Contract do you hold: (Slaintecare (POCC), Type A, Type B, Type B*, Type C, Category 1, Category 2, Academic Appointment or Other)	Choose an item.
If Other - please specify:	Click here to enter text.
Please select a description which best describes your post: (Full Time, Part Time, Locum & Other)	Choose an item.
If Other - please specify:	Click here to enter text.
Is your post new or are you replacing or filling an existing post?	Click here to enter text.

***Please refer to the check list with regard to the pages required from your Public Hospital Contract**

Question 6 – Hospital(s)

**List below your current hospital(s) and the dates as requested please:
You will only be eligible for registration for Hospitals approved by Vhi Insurance**

Name of Hospital(s)	Date From	Date To
Click here to enter text.	Click here to enter a date.	Click here to enter a date.
Click here to enter text.	Click here to enter a date.	Click here to enter a date.
Click here to enter text.	Click here to enter a date.	Click here to enter a date.

Question 7 – Group Practice Membership

If you are a member of a group practice in the specialty area of Pathology, Radiology or Anaesthesia ICU please confirm the name of the group practice and group code.			
Group Practice Name:	Click here to enter text.	Group Code:	Click here to enter text.

Question 8 – Tax Reference Number/Billing Entity

In accordance with the Tax Consolidation Act 1997 Vhi Insurance DAC is obliged by law to deduct Withholding Tax.

How do you intend to bill Vhi Insurance DAC?	Choose an item.
Please provide your PPS / Partnership / Company Tax Reference Number*:	Click here to enter text.
Can you confirm the Tax Type which you are registered with the Revenue Commissioners?	Choose an item.

** We are obliged by the Revenue Commissioners to request the above information and official documentary evidence of your tax registration name, tax number and tax type for that tax number, -please provide.*

If Partnership or Company please provide us with the following details:

Company/Partnership Name:	Click here to enter text.
Company Number:	Click here to enter text.

Question 9 – Provider Mandate: Electronic Payment Instructions

Provider Name / Company Name:	Click here to enter text.
Account Name:	Click here to enter text.
Bank Identifier Code (BIC):	Click here to enter text.
International Bank Account Number (IBAN):	Click here to enter text.

Data Protection Statement:

“The information you provided in this “Vhi Registration Application Form” will be processed by Vhi Insurance DAC for the sole purpose to consider your eligibility as a “participating consultant and, if your application is successful, to progress your registration with us. Vhi will process your personal data on the basis that it is necessary for the performance of our contract with you or to process this data prior to entering into a contract. If your application is successful, the relationship with respect to data privacy between you and Vhi shall operate in accordance with the terms set out in the Schedule of Benefits for Professional Fees which constitute the basis of the Agreement with Vhi.

We will share your information with the following:

- *Service providers - We rely on trusted third parties to help us run the Vhi business and to provide us with specialised services. These can include companies that provide IT services (e.g. scanning and uploading letters from customers and hosting data when providing software services). These can also include legal advisors, accountants and consultants. Where our service providers have access to your personal data, we ensure they are subject to appropriate contracts and other safeguards.*
- *Regulators - In certain circumstances Vhi is obliged to provide information to a regulator, (e.g. in the investigation of complaints).*
- *Group companies - Vhi consists of a number of separate companies. Some of these companies provide services to each other which may involve the sharing of your personal data between one or more group companies.*

If your application is unsuccessful we will retain your personal data for a period of no greater than 2 years. If your application is successful we will retain your personal data in accordance with our record retention policies. The record retention policies operate on the principle that we keep personal data for no longer than is necessary for the purpose for which we collected it, and in accordance with any requirements that are imposed on us by our regulators or by law. This means that the retention period for your personal data will vary depending on the type of personal data. For further information about the criteria that we apply to determine retention periods please see below:

- *Statutory and regulatory obligations - As we work in a highly regulated industry, we have certain statutory and regulatory obligations to retain personal data for set periods of time.*
- *Managing legal claims - When we assess how long we keep personal data we take into account whether that data may be required in order to defend any legal claims which may be made. If such data is required, we may keep it until the statute of limitations runs out in relation to the type of claim that can be made (which varies from 2 to 12 years).*
- *Business requirements - As we only collect personal data for defined purposes, we assess how long we need to keep personal data for in order to meet our reasonable business purposes”*

Your information is stored in the European Economic Area (EEA). However, if we transfer your personal data outside of the EEA we will ensure that appropriate measures are in place to protect your personal data and to comply with our obligations under applicable data protection law.

You have various rights under data protection law, subject to certain exemptions, in connection with our processing of your personal data:

- **Right to access the data -** You have the right to request a copy of the personal data that we hold about you, together with other information about our processing of that personal data.

- Right to rectification – You have the right to request that any inaccurate data that is held about you is corrected, or if we have incomplete information you may request that we update the information such that it is complete.
- Right to erasure – You have the right to request us to delete personal data that we hold about you. This is sometimes referred to as the right to be forgotten.
- Right to restriction of processing or to object to processing – You have the right to request that we no longer process your personal data for particular purposes, or to object to our processing of your personal data for particular purposes.
- Right to data portability – You have the right to request us to provide you, or a third party, with a copy of your personal data in a structured, commonly used machine readable format.

In order to exercise any of the above rights, please contact us using the contact details set out below.

If you have any queries in relation to the processing of your personal data, we have appointed a Data Protection Office that you can contact as follow: by post at Data Protection Officer, Vhi, Vhi House, Lower Abbey Street, Dublin 1 or by e-mail at dataprotection@vhi.ie

Q10 - Participation in Vhi Insurance's DAC Full Cover Scheme

The Full Cover Agreement form will be issued to you directly by e-mail for signing once your application has been approved and prior to a Doctor Code been assigned.

Checklist - Required Documents for all Applicants

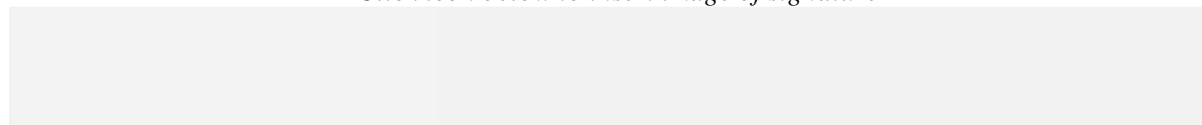
Have you include the following with your application?	
Incomplete application will cause a delay with your application being processed for registration	
For All Applicants	
(a) A full comprehensive Curriculum Vitae (*see note below)	<input type="checkbox"/>
(b) Evidence of your current registration on the appropriate Specialist Division of the Register maintained by the Medical Council of Ireland or General Medical Council	<input type="checkbox"/>
(c) A copy of your Passport in colour showing a photograph and signature	<input type="checkbox"/>
(d) A clear recent photo in addition to your passport photo. (the reason for this is to eliminate impersonation or identity theft)	<input type="checkbox"/>
(e) Documentary evidence from the Revenue Commissioners confirming your Tax Registration Name, Tax Number and Tax Type. Please note that we will only accept official documentation from the Revenue Commissioners confirming these details – any other form of documentation is not acceptable.	<input type="checkbox"/>
For Applicants with a Public Hospital Contract (locum, temporary or permanent)	
(f) A copy of your letter(s) of appointment from the hospital(s) where you intend to practice	<input type="checkbox"/>
(g) A copy of the following sections and pages from your Consultants Contract 2008 <ul style="list-style-type: none"> o Section 2 - Appointment and Tenure (usually page 5) o Section 5 - Contract designation (usually page 7) and, o Section 32 - The signed section confirming Acceptance of Contract (usually pages 31 & 32) 	<input type="checkbox"/>
For Applicants with a POCC Contract (Slaintecare Contract)	
<ul style="list-style-type: none"> • Pages 1 – Front page confirming Employee Name • Pages 5 & 6 – Title and Glossary • Pages 8 & 9 – Appointment • Pages 10 & 11 – Commencement Date and Type of Contract • Pages 38 – Acceptance and signature of Employee & Employer. 	<input type="checkbox"/>
If you are requesting off-site private practice:	
<ul style="list-style-type: none"> • HSE external workform signed by the Clinical Director/Executive Clinical Director or Line Manager • Letter of Practice Privileges from the Private Hospital/Facility, if not previously register. 	<input type="checkbox"/>
For Applicants working in a Private Hospital	
(h) A copy of your letter(s) of admitting/practising privileges from the hospital(s) where you intend to practise.	<input type="checkbox"/>
For Applicants who work as part of a Group	
(i) Appendix I of the Group Service Provider Agreement or a letter from the Precedent Partner of this group to confirm your membership (Please refer to the Manager of Group Practice)	<input type="checkbox"/>

***If there are any gaps in your Curriculum Vitae please bring to our attention and let us know the reason for these gaps.**

Declaration

I hereby declare that all the information furnished with this application and that all supporting documents and copies of other documents enclosed are true and valid.

* Click icon below to insert image of signature



Signed: _____ Date: _____ [Click here to enter a date.](#)