

Membership Application (to be retained in Patient notes)

I wish to take out the following Club365 membership (please tick one option only):

- Individual Membership** **Family Membership** **Membership Renewal Only**
£100/year £150/year Existing rate maintained

Please note: ALL family members must reside at the same address

Main Applicant

Title: Mr Mrs Miss Other: _____ Gender: Male Female Non-Binary
First Name: _____ Surname: _____
Date of Birth: _____ Patient No: _____
Home Address: _____
_____ Postcode: _____
Home Phone: _____ Mobile: _____
Email: _____

For Family Membership please enter family members' details below.

Applicant 2

Title: Mr Mrs Miss Other: _____ Gender: Male Female Non-Binary
First Name: _____ Surname: _____
Date of Birth: _____ Patient No: _____
Mobile: _____ Email: _____

Applicant 3

Title: Mr Mrs Miss Other: _____ Gender: Male Female Non-Binary
First Name: _____ Surname: _____
Date of Birth: _____ Patient No: _____
Mobile: _____ Email: _____

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Applicant 4

Title: Mr Mrs Miss Other: _____ Gender: Male Female Non-Binary
First Name: _____ Surname: _____
Date of Birth: _____ Patient No: _____
Mobile: _____ Email: _____

Applicant 5

Title: Mr Mrs Miss Other: _____ Gender: Male Female Non-Binary
First Name: _____ Surname: _____
Date of Birth: _____ Patient No: _____
Mobile: _____ Email: _____

Applicant 6

Title: Mr Mrs Miss Other: _____ Gender: Male Female Non-Binary
First Name: _____ Surname: _____
Date of Birth: _____ Patient No: _____
Mobile: _____ Email: _____

I have completed a Standing Order form and lodged it with my bank for payment

I have read and agree to the Club365 Terms & Conditions

Main Applicant

First Name: _____ Surname: _____

Signature: _____ Date: _____

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Further Information

Please provide details of your GP:

Are all family members registered at the same practice? Yes No

NHS Practice Surgery: _____

GP Name: _____

Address: _____








Postcode: _____

Please Note: Information is not routinely shared unless we are obliged to share your records to other medical or related services for your safety and best interests. It will only be disclosed to those persons or third parties involved with your treatment or care, or to their representatives as applicable.

If you wish to have the information shared with your NHS GP, please specifically request this at the time of the appointment with the healthcare professional on an individual basis.

For further information please refer to our privacy policy www.jdoc365.co.uk/privacypolicy

Your Club365 membership includes a **free** Mini Health Screen. This includes:

- | | |
|--|--|
|  Height & Weight Check |  Smoking Status |
|  Blood Pressure Check |  Alcohol Status |
|  Urine Dip Check
If any infection is detected, we can send it to the lab for further analysis. Additional charges apply. |  Allergies |
| |  Oxygen Saturations |

Would you like to schedule your **free** Mini Health Screen? Yes No

Do you require any reasonable adjustments to be made during your JDoc365 appointments?

For example, longer appointments or information in easy read format? Yes No

If Yes, please provide more information _____

Are you happy for this information to be shared with other organisations that may be involved in your care? Yes No

Do you anticipate being able to visit the JDoc365 clinic for your appointments the majority of the time? Yes No

Do you live within our Home Visits catchment area (NW2, NW4, NW7, NW11, N2, N3, N12)? Yes No

Do you anticipate requiring frequent home visits? Yes No

Are any of the Membership applicants house-bound? Yes No

If Yes, please provide their name(s): _____

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Membership Terms & Conditions

(These updated Terms and Conditions replace all previous versions)

Definitions

The following definitions apply within these Terms & Conditions:

'Company' means JDoc Medical Ltd, a company incorporated in England & Wales under company registration number 07671292 and having its registered office at c/o Third Floor Roman House, 296 Golders Green Road, London NW11 9PY.

'Member' means a member of the Scheme.

'Membership' means any of the types of membership of the Scheme.

'Membership Application Form' means the application form completed by a Member in order to apply for membership of the Scheme.

'Membership Manager' means the employee appointed by the Company to control the day-to-day operation of the Scheme.

Terms & Conditions for Membership

1. It is a condition of Membership that Members agree to pay the fees referred to hereafter and agree to be bound by these Terms & Conditions and those stated in our general terms and conditions. These Terms & Conditions may be revoked, altered or added to from time to time by the Company, without prior notification. The current version of the Terms and Conditions will be displayed on the Company website.
2. All pre-existing Annual Membership plans which are paid by monthly instalment must be paid by Standing Order and a Standing Order mandate must be completed. Please note that some banks and building societies do not accept Standing Order instructions for some types of accounts. This option is not available to new memberships.
3. All other Membership payments must be paid annually in advance by credit card, bank transfer, or standing order. Conversion of Single to Family Membership will be charged at the full rate.
4. On receipt of completed and signed forms by the Membership Manager, and review and acceptance by JDoc Medical Ltd, membership shall commence. Membership will always run for a Period of 12 months and automatically renew unless cancelled with written notice of at least 30 days to the Membership Manager prior to completion of the annual term. Written notice to Third Floor Roman House, 296 Golders Green Road, London NW11 9PY or via email to admin@jdoc365.co.uk.
5. For memberships that do not renew within 30 days of their renewal date, there will be a £30 admin fee to reinstate the membership.
6. For 'home visit' conditions and locations covered please refer to our website. Home visits outside these areas are at the doctor's discretion. If you would like more than one member to be seen at the same visit, please request this individually so that we may clarify the charges applicable.
7. For the avoidance of doubt, no consultation, pathology or medication costs are covered by Membership schemes.
8. Membership patients requiring a more personalised care regime, whereby they are unable to attend clinics in person on a frequent basis will be advised that they are part of a separate membership tier, this will allow us to facilitate exceptional care standards for our patient members. These appointments are charged at special reduced non-member rates. Please advise us as soon as possible if your circumstances change or at the outset of membership. This status is at the discretion of the Membership Manager and we encourage you to enquire about the rates for this class of membership.
9. Child Members can only be accepted if a parent or legal guardian is also a Member and covered under a Family Membership. A child is defined as any person aged under 16yrs. Child Member status will change to adult status when a child reaches 18 at which stage they will be required to become a Full Member and complete a Membership Application Form in their own right. Adult children living with the main member will still fall under the household membership until such time that they leave the family home.

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10. Members must give written notice to the Company of any change of address. Failing such notice, all communications shall be presumed to have been received within five days of the postmarked date. When a Child Member reaches the age of 16 it is required for their personal details to be changed. If these changes are not requested in writing, JDoc Medical Ltd will assume the details held to be correct for correspondence and GDPR purposes.
11. Members will be advised of any increase in Membership fees if this occurs.
12. Membership is non-transferable and non-refundable, unless there is a written agreement to the contrary. In the event of major life event such as death or moving away, we will refund a maximum of 15% of the annual fee paid in advance or £20, whichever is the lesser amount in good faith.
13. An administration fee of £20 may be charged to a Member whose monthly Standing Order is rejected. Members indemnify the Company against all expenses and legal costs (on a solicitor client basis) incurred by the Company in recovering overdue amounts.
14. A full price list of all aspects of treatment is available from the Membership Manager upon request at any time.
15. At all times, the Company reserves the right to refuse or cancel an application for Membership from any applicant in its sole discretion.
16. The Company will try to keep you informed of developments and changes in the Company's membership schemes, products and services, but if Members do not wish to receive information from the Company the Member should inform the Membership Manager of their communication preferences.
17. Save as explicitly set out in these Terms and Conditions all warranties, conditions and other terms (whether implied by statute or otherwise) are, to the fullest extent permitted by law, excluded from the Contract.
18. Nothing in these Terms and Conditions excludes or limits the liability of the Company for fraudulent misrepresentation.
19. Subject to anything to the contrary in these Terms and Conditions, the Company will not be liable to the Client in contract, tort (including, without limitation, negligence), misrepresentation or otherwise for any:
 - a. economic loss of any kind (including, without limitation, loss of use, profit, anticipated profit, business, contracts, overhead recovery, revenue or anticipated savings); or
 - b. any damage to the Client's reputation or goodwill; or c. any other special, indirect or consequential loss or damage.
20. Subject to the provision of these Terms and Conditions the Company's total liability in contract, tort (including, without limitation, negligence), misrepresentation or otherwise arising out of or in connection with the performance of services in accordance with the Membership will be limited to the price paid or payable in respect of the Membership. The provisions of this paragraph shall survive the termination or expiry (for whatever reason) of the Member's membership.
21. A person who is not a party to the Contract will have no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of these Terms & Conditions.
22. These Terms & Conditions will be governed by English law and the parties submit to the exclusive jurisdiction of the English courts.

Office use only

Standing Order Date: ____/____/20____ Date of Payment: ____/____/20____

Method of Payment: Standing Order Annual Cheque Debit or Credit Card

Agent: _____ Invoice No: _____

Date: _____ Membership Code: _____

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Standing Order Mandate

This is an instruction to your Bank or Building Society to pay by Standing Order.

Please fill in the whole form and return it to your own Bank or Building Society.

To the Manager

Bank/Building Society name & branch: _____

Pay to

Please pay by Banker's Standing Order, cancelling any previous instructions regarding this Payee:

Payee Bank Name: **HSBC** Payee Account Name: **JDoc Medical Ltd**

Payee Sort Code: **40-03-26** Payee Account No: **61560891**

Payment Amount: £ _____ Amount in words: _____

Frequency: Annually* Date of First Payment: _____

Your Full Name for reference: _____

Your Details

Note: Certain Banks/Building Societies may not accept Standing Order instructions from some types of account.

Name on my/our* Account: _____ Name of my/our* Bank: _____

Address of my/our* Bank: _____

Sort Code: _____ Account Number: _____

I/We* hereby authorise you to set up this Standing Order payment on my/our* account and to debit my/our* account accordingly, until further notice in writing from me/us*.

Signature: _____ Date: _____

Print Name: _____

Address: _____

_____ Postcode: _____

Tel No: _____ Email: _____

PLEASE SEND DIRECTLY TO YOUR BANK

*delete as applicable