

# Medical Training Initiative

## Application for a Visa extension / Transfer

This form should be completed electronically. If you are unable to insert an electronic signature please print, sign, scan and submit to the Academy by email [mti@aomrc.org.uk](mailto:mti@aomrc.org.uk). We must have an actual or electronic signature - typed text will not be accepted.

To be completed by:

Current Trust – for visa extensions in current post

New Trust – for transfers and/or visa extensions to cover new post

Please type your answers in English in the spaces provided, and submit completed as a Portable Document Format (.pdf).

Once you have completed your form please return it with all the supporting information listed in the checklist below to: [MTI@aomrc.org.uk](mailto:MTI@aomrc.org.uk)

### Checklist for submission to the Academy of Medical Royal Colleges (please tick all boxes)

- All information requested in the form has been provided
- Form signed by representative of Trust to confirm employment details
- Form signed by Supervising Consultant to confirm training details
- Form signed by Deanery / LETB to confirm approval of new post as suitable for MTI scheme (for transfer requests only)
- Copy of email confirmation that professional body providing original GMC registration sponsorship (e.g. Royal College) approves of transfer/extension
- Copy of funding details
- Copy of current Biometric Residence Permit

### Details of MTI applicant

Surname/Family name of MTI applicant <i>(as appears in passport)</i>		First /Given names of MTI applicant <i>(as appears in passport)</i>	
Passport number			
UK address of MTI applicant <i>(include postcode)</i>			
<b>Please indicate what type of application is being made:</b>			
<input type="checkbox"/> Transfer <input type="checkbox"/> Visa Extension <input type="checkbox"/> Transfer & Visa Extension			

Details of new post or current post requiring extension	
Employing organisation	
Main place of work	Post code
Level of post <i>(must be ST3 – ST7)</i>	
Title of post	International Training Fellow <i>(this is the standard title for MTI placements)</i>
Specialty <i>(please specify)</i>	
Start date of current Tier 5 visa	
End date of current Tier 5 visa	
Start date of new / extended placement <i>(no sooner than 1 month from submission)</i>	
End date of new / extended placement <i>(maximum length of visa is 24 months from start of original visa)</i>	
Hours of work per week <i>(maximum = 48)</i>	
Please tick to confirm the MTI applicant will have an Educational contract or appropriate agreed training programme and support (including access to facilities, training opportunities etc.) and undergo appropriate appraisal and assessment.	
Please tick to confirm the MTI applicant will have an appropriate Responsible Officer, from within the NHS Trust, allocated for the period of their placement.	

Details of funding	
Source of funding for the new / extended post <i>(please attach confirmation of funding)</i>	
Gross salary (in £) for new / extended post <i>(specific amount – not salary range)</i>	
Additional allowances for new / extended post <i>(e.g. out of hours banding)</i> Please give specific amount in £.	
Please tick to confirm the level of the total funding package is appropriate for the role to be undertaken and has been agreed with and accepted by the MTI applicant.	
Please tick to confirm you agree to ensure that the MTI applicant does not require public funds and is aware that they will not have recourse to public funds during their placement.	

**Details of MTI applicant**

Surname/Family name of MTI applicant <i>(as appears in passport)</i>		First /Given names of MTI applicant <i>(as appears in passport)</i>	
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**Employer – Medical Personnel**

**Employer – Supervising Consultant**

I confirm that the above doctor has been appointed to the post above and the post and funding fulfill the above conditions	I confirm that the above doctor has been appointed to the post above and the post and training fulfill the above conditions
Name:	Name:
On behalf of:	On behalf of:
Contact email:	Contact email:
Contact telephone number:	Contact telephone number:
Signed:	Signed:
Date:	Date:

**Deanery/LETB [to be completed for Visa Transfers only]**

I confirm that the post does not disadvantage UK trainees nor adversely affect the training of existing trainees in the training location and provides sufficient educational and training content. I confirm that the individual or post is funded to an appropriate level.	
Name:	
Deanery:	
Contact email:	Contact telephone number:
Signed:	Date:

# Data Protection Consent Form

May 2018

Please fill out the fields on the form. Where your signature is required, we must have an actual or electronic signature - typed text will not be accepted.

## Extension form

I \_\_\_\_\_ consent to my sensitive and personal data, such as passport, residential and work address, MTI salary, and all other data contained in the MTI extension form, being stored digitally by the Academy of Medical Royal Colleges. I consent to this data being shared between the Academy, my employing NHS Trust, my GMC Sponsor (Royal College) and UKVI, and acknowledge this will only be done for the purpose of progressing my MTI application.

I consent the Data Controller (AoMRC) may share this information with a Third Party (this could be the sponsoring Royal College, the NHS employing organisation and UKVI. This information will be shared with the sole purpose of progressing the applicant's MTI application and, in the case of UKVI, with the production of a Certificate of Sponsorship (CoS).

Signature

Name

Date

The Academy of Medical Royal Colleges are committed to complying with the General Data Protection Regulation (GDPR) introduced in May 2018. In accordance with this, we require explicit consent from doctors to digitally store and process their personal information. Your information will not be used for marketing purposes, and will only be shared with your Employing NHS Trust, Royal College and UK Visa and Immigration in order to correctly process your MTI application.