

# Medical Training Initiative

## Starter's Report

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 the trust offering the MTI placement

**This report provides evidence that the MTI participant has taken up the post for which they have been provided a Tier 5 visa.**

**Starter reports must be submitted within two weeks of the placement start date.  
Do not return this form without the doctor's Biometric Residence Permit.**

**Failure to complete and return a Starter's Report may result in withdrawal of visa sponsorship for the individual.**

Please type your answers in English in the spaces provided, and submit completed as 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
- Copy of Biometric Residence Permit, signed by Trust as a true copy
- Starter's Report returned to Academy of Medical Royal Colleges and professional sponsoring body (e.g. Royal College) within two weeks of placement start date

### Details of MTI participant and first day confirmation

Surname/Family name of MTI applicant <i>(as appears in passport)</i>		First /Given names of MTI applicant <i>(as appears in passport)</i>	
Place of work:		Post code:	
First day of work:			
MTI participant's email address:			
MTI participant's UK residential address:			
MTI participant's UK telephone number:			
If MTI participant did not turn up to first day of work, please provide an explanation if known:			



### Signatory

I confirm that the above information is correct and that the doctor has been informed that they cannot claim benefits during their placement.

Name:

Role in relation to MTI participant:

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.

## Starter's report

I \_\_\_\_\_ consent to the Academy of Medical Royal Colleges processing my data contained in the submitted Starter's Report, such as workplace and start date. I also consent to the Academy processing sensitive data from my Biometric Residence Permit, such as visa dates.

The Academy of Medical Royal Colleges logs these dates in a database so we can see when the MTI Applicant began work, and therefore when they will end and whether their visa can be extended. The Academy will destroy copies of the Starters Report and Biometric Residence Permit after the data has been processed.

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.