

End of Placement Report

Medical Training Initiative

Government Authorised Exchange Scheme

Form version 1.1 (August 2020)

- This form is to be completed by the NHS organisation employing the MTI participant
- An End of Placement Report **must be submitted** when the MTI participant is in one of the following circumstances:
 - Has reached the end of their placement
 - Has resigned
 - Has been absent from work or study for more than 10 working days without permission
 - Has been dismissed
- This form should be **completed electronically** using English in the spaces provided and submitted as a PDF – **handwritten forms will not be accepted**
- An electronic signature is required - typed text will not be accepted. However, if you are unable to insert an electronic signature please print, sign the relevant page(s), scan and submit to the Academy along with the rest of the form
- Please return the completed form with all the supporting information listed in the checklist in Part 3 to mti@aomrc.org.uk and the relevant professional sponsoring body for the MTI participant (e.g. Royal College) **within ten working days of the placement ending**

Part 1: Details of the MTI participant

Please give all names in full **EXACTLY** as they appear in the passport

Last name	
First name and other names	
Place of work	
Passport Number (<i>that the visa was issued to</i>)	

Part 2: Details of the MTI post and end of placement circumstances	
The MTI participant has reached the end of their placement. Final working day.	
The MTI participant has resigned owing to:	
Final working day	
The MTI participant has been absent from work or study for more than ten working days, without your reasonably granted permission. The absence period started on:	
The MTI participant has been dismissed owing to:	
Final working day	
Other	
Last known UK residential address of the doctor	
Address line 1	
Address line 2	
Address line 3	
Town/City	
County	
Postcode	

Part 3: Employer confirmation	
I confirm that the above information is correct and that the doctor has been informed that they cannot claim benefits during their placement	
Last name	
First name	
Role in relation to MTI participant	
Organisation	
Email address	
Telephone number	
Signature	
Date	

Part 4: Further evidence required and checklist	
Please submit any extra documents (optional) in a compressed .zip document wherever possible	
1. All information requested in the form has been provided	
2. Form signed by organisation	
3. The Academy is fully committed to the principles of data protection, as set out in the General Data Protection Regulation (GDPR). The Academy will only use your personal information for the purposes of the MTI process and will not pass on your details to other third parties unless you have given consent to do so. The Academy uses appropriate organisational and technical measures to ensure that your data are secure and protected from loss, misuse and unauthorised access or alteration. You have the right to ask for a copy of the information we hold about you and to have any inaccuracies in your information corrected. If you have any questions about data protection or require further information, please email dataprotection@aomrc.org.uk . Please see www.aomrc.org.uk for our data protection policy.	