

Application for an extension or transfer

Medical Training Initiative

Government Authorised Exchange Scheme

Form version 1.1 (August 2020)

- This form is to be completed by the:
 - Current organisation – for visa extensions in current post
 - New organisation – for transfers and/or visa extensions to cover a new post
- If the doctor has moved to a different role within the same organisation, please use the Exception Report instead
- 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 6 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: Current 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	
Current UK residential address	
Address line 1	
Address line 2	
Address line 3	
Town/City	
County	
Postcode	

Email address (<i>include where possible</i>)	
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Part 2: Details of current placement and change requested	
NHS organisation currently employing the MTI doctor	
Name of hospital for the placement	
Town/City of hospital	
Postcode of hospital	
Choose application type	
· Transfer	
· Visa extension	
· Transfer and visa extension	

Part 3: Details of new post or current post requiring extension	
NHS organisation to employ MTI doctor after transfer	
Name of hospital for the placement	
Town/City of hospital	
Postcode of hospital	
Level of post (<i>must be IMT, ST3 – ST7</i>)	
Title of post (<i>normally the International Training Fellow title is standard</i>)	
Please specify the clinical specialty of the post	
Start date of current Tier 5 visa	
End date of current Tier 5 visa	
Start date of new or extended placement (<i>no sooner than 1 month from submission</i>)	
End date of new placement (<i>maximum length of visa is 24 months from start of original visa</i>)	
Hours of work per week (<i>maximum 48 hours</i>)	
Please tick to confirm the MTI applicant will have an educational contract or other appropriate agreed training programme and support (including access to facilities and training opportunities) and undergo appropriate appraisal and assessment	
Please tick to confirm the MTI applicant will have an appropriate Responsible Officer, from within the NHS organisation, allocated for the period of their placement	
Source of funding for the post (<i>please attach confirmation of funding</i>) (<i>see Part 7: Notes</i>)	

Gross specific salary (<i>please provide one figure giving the specific gross salary and not a salary range, in £. This box must only have one figure in it</i>)	
Additional allowances total (e.g. banding for on-call) (<i>as above, this must be one figure only</i>)	

Part 4: Employer confirmation

Medical personnel

I confirm that the above doctor has been appointed to the extended or new placement above and the post and funding fulfil the above conditions

Surname

First name

Organisation

Email address

Telephone number

Signature

Date

Supervising Consultant

I confirm that the above doctor has been appointed to the extended or new placement above and the post and funding fulfil the above conditions

Surname

First name

Organisation

Email address

Telephone number

Signature

Date

Note – both employer signatory details are required

Part 5: LETB or Deanery confirmation (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	
Surname	
First name	
LETB or Deanery	
Email address	
Telephone number	
Signature	
Date	

Part 6: Further evidence required and checklist	
Please submit all the documents requested in a compressed .zip document wherever possible	
1. All information requested in the form has been provided	
2. Form signed by organisation medical personnel to confirm employment details	
3. Form signed by supervising consultant to confirm training details	
4. Form signed by the Deanery or LETB to confirm approval of the new post as being suitable for the MTI scheme (<i>transfer requests only</i>)	
5. Copy of funding details	
6. Copy of email confirmation from the professional body that provided the initial GMC registration sponsorship (e.g. Royal College) that it approves of transfer or extension	
7. Copy of current Biometric Residence Permit	
8. 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.	
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Part 7: Notes

1. It is recommended that an MTI doctor's total remuneration (this should include income from sources outside the NHS, e.g. payment/sponsorship from overseas government/health ministry, substantive employer, etc.) should be no less than the minimum point of the pay scale of the grade which most closely matches the level of responsibility carried by the post.