

Exception Report

Medical Training Initiative

Government Authorised Exchange Scheme

Form version 1.1 (August 2020)

- This form is to be completed by NHS organisations when a sponsored MTI doctor has moved to a different role within the same organisation. If the doctor has moved to a different organisation, please complete the Transfer/Extension form
- This form is to be completed if you have information that an MTI doctor is:
 - working for the same organisation but the location at which the doctor is employed has changed
 - breaching the terms or conditions of his or her leave, or
 - possibly engaging in criminal activity or other activities in contravention of their visa conditions
- 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 to mti@aomrc.org.uk and the relevant professional sponsoring body for the MTI participant (e.g. Royal College) as soon as possible but **no less than ten working days** of the exception arising

Part 1: Details of the MTI applicant

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

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

Part 2: Please indicate the circumstances for the end of placement	
The main work location for the MTI participant is changing	
<ul style="list-style-type: none"> · Current work location 	
<ul style="list-style-type: none"> · New or additional work location 	
Information which suggests that the MTI participant is breaching the conditions of his or her leave	
Information regarding suggestion of criminal activity or other activities in contravention of their visa conditions	
Other	
Last UK address of doctor	

Address line 1	
Address line 2	
Address line 3	
Town/City	
County	
Postcode	
Email address <i>(include where possible)</i>	

Part 4: Employer confirmation

I confirm that the above information is correct		
Surname		
First name		
Role in relation to MTI participant		
Organisation		
Email address		
Telephone number		
Signature		
Date		

Part 4: 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	
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.	