

Starter's Report

Medical Training Initiative

Government Authorised Exchange Scheme

Form version 1.3 (December 2021)

- This form is to be completed by the NHS organisation 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's reports must be **submitted within two weeks** of the placement start date
- The completed form must be accompanied with 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
- 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 4 to mti@aomrc.org.uk and the relevant professional sponsoring body for the MTI participant (e.g. Royal College)

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

Part 2: Details of the post	
NHS organisation employing the applicant	
Name of hospital for the placement	
Town/City of hospital	
Postcode of hospital	
Date of first day of work	
If the MTI participant did not arrive for work on the first agreed day of their placement, please provide an explanation (<i>if known</i>)	

Part 3: Employer confirmation	
I confirm that the above information is correct	
I confirm that the doctor has been informed that they cannot claim benefits during their placement	
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. Copy of Biometric Residence Permit provided, signed by the organisation as a true copy	
4. 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.	