



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. PDF copy of the doctor's right to work profile 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 <a href="mailto:dataprotection@aomrc.org.uk">dataprotection@aomrc.org.uk</a> . Please see <a href="http://www.aomrc.org.uk">www.aomrc.org.uk</a> for our data protection policy.	