

# Application for UKVI Certificate of Sponsorship Tier 5

## Medical Training Initiative

### Government Authorised Exchange Scheme

Form version 1.0 (August 2020)

- This form is to be completed by the NHS organisation or royal college offering the MTI placement
- 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 7 to [mti@aomrc.org.uk](mailto:mti@aomrc.org.uk)

Part 1: Details of the MTI applicant	
Please give all names in full <b>EXACTLY</b> as they appear in the passport	
Last name	
First name and other names	
<b>Home address</b>	
Address line 1	
Address line 2	
Address line 3	
Town/City	
State/Region	
Postcode	
Country	
Email address (include where possible)	

Part 2: Route to GMC registration	
Please select the organisation sponsoring the applicant	
If selected <b>other</b> above please state the GMC approved sponsoring organisation	
Already registered	
Other ( <i>please state route</i> )	

Part 3: Details of the post and training	
NHS organisation employing the applicant	
Name of hospital for the placement	
Town/City of hospital	
Postcode of hospital	
Level of post	
Title of post ( <i>normally the International Training Fellow title is standard</i> )	
Please specify the clinical specialty of the post	
Start date of placement ( <i>no sooner than 4 weeks after the date the application is submitted to the Academy</i> )	
End date of placement ( <i>no longer than 24 months from start date</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	

Part 4: Details of funding (see Note 1)	
Source of funding for the post (please attach confirmation of funding)	
Gross specific salary	
Additional allowances total (e.g. banding for on-call)	
Please tick to confirm the level of the total funding package is appropriate for the role to be undertaken and has been agreed with and accepted by the applicant	
Please tick to confirm you agree to ensure that the MTI applicant does not require public funds and is made aware that they will have no recourse to public funds during their placement	

Part 5: Employer confirmation	
<b>Medical personnel</b>	
I confirm that the above doctor has been appointed to the post above and the post and funding fulfil the above conditions	
Surname	
First name	
Organisation	
Email address	
Telephone number	
Signature	
Date	
<b>Supervising Consultant</b>	
I confirm that the above doctor has been appointed to the post above and the post and funding fulfil the above conditions	
Surname	
First name	
Organisation	
Email address	
Telephone number	
Signature	
Date	
<b>Note – both employer signatory details are required</b>	

Part 6: LETB or Deanery confirmation	
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	
<small>Note: Part 6 may only be completed and signed by the <a href="#">Postgraduate Dean or their nominated deputy</a></small>	
I confirm that the individual or post is funded to an appropriate level	
Name	
Surname	
Job title	
LETB/Deanery	
Email address	
Telephone number	

Signature <a href="#">Note: Only to be signed by the Postgraduate Dean or their nominated deputy</a>	
Date	

### Part 7: 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 LETB or Deanery to confirm approval of post as suitable for MTI scheme	
5. Copy of the Data Protection Consent Form completed by the prospective MTI applicant	
6. Legible copy of MTI applicant's passport	
7. Copy of the GMC registration evidence (this may be the GMC registration certificate or a copy of the email from the GMC approving registration subject to ID check)	
8. Copy of funding details	
9. 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.	

### Part 8: 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.