11 St Andrews Place,   
Regent’s Park, London NW1 4LE

T +44 (0)20 3075 1649

**www.rcp.ac.uk**

Medical Training Initiative

Hospital form

**Please return this form with the following items to** [**MTI@rcp.ac.uk**](mailto:MTI@rcp.ac.uk)

* Offer letter confirming the placement, contract length, salary and/or additional allowance (if applicable)
* Job description (template included in the email or hospital’ own version)
* Interview notes (template provided)
* MTI Tier 5 CoS application form (ONLY applicable if the Tier 5 visa sponsorship is required)

**Please provide all the requested information to avoid a delay in processing.**

|  |  |  |
| --- | --- | --- |
| **Details of the candidate, supervisors, and work location** | | |
| Name of the international medical graduate (IMG): | | |
| Name of mentor / peer mentor: | | |
| Name of supervising consultant\*:  Tel number:  Email address:  GMC approved trainer: YES/NO | Name of educational supervisor:  Tel number:  Email address:  GMC approved trainer: YES/NO | |
| **Work location (please do not use trust/board name)**  Hospital name:  Hospital town/city:  Hospital post code: | Medical staffing contact\*:  Tel number:  Email address: | |
| \*If Tier 5 visa sponsorship is required, both supervising consultant and medical staffing will be contacted by [mti.noreply@aormc.org.uk](mailto:mti.noreply@aormc.org.uk) to sign an online Tier 5 CoS application form. If the signees are different from the contacts above, please provide contact details of the signees below (name, email, position):  **Medical staffing (signee):**  **Supervising consultant (signee):** | | |
| **Details of the post (must be in a GMC-approved practice setting)** | | |
| Specialty of post: **Choose an item.**  Other: Click or tap here to enter text. | Grade/level of the post: **Choose an item.** | |
| Proposed start date: Click or tap to enter a date. | Proposed end date: Click or tap to enter a date. | |
| Length of placement (max. 24 months): \_\_\_\_\_months | | |
| Total hours of work per week (inc. on-call hours if any; maximum 48 hours unless agreed otherwise with the MTI applicant): Click or tap here to enter text. | | |
| Please tick to confirm that you acknowledge that the intended purpose of the scheme is for the benefits of UK training to be taken back to participants' home countries at the end of their placements to aid their own healthcare systems.  Please tick to confirm that 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 that the MTI applicant will have an appropriate Responsible Officer, from within the NHS organisation, allocated for the period of their placement. | | |
| **Details of funding** | | |
| Source of funding: Choose an item. Other (please specify): Click or tap here to enter text. | | |
| Breakdown of funding (complete ONLY if the doctor is funded by home country or mixed sources)   * Primary funding amount (NHS basic salary, scholarship, etc): £enter a figure * Additional funding amount (if applicable): £enter a figure * Additional allowance (if applicable eg London weighting, on-call allowance): £enter a figure   Total: £enter a figure | | |
| Please tick to confirm that the total funding listed above is appropriate for the role to be undertaken and has been agreed with and accepted by the applicant. | | |
| **Proposed timetable** | | |
| Please tick to confirm that the post will contain a minimum of **50%** clinical work. | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Comments** | | **AM** |  |  |  |  |  |  | | **PM** |  |  |  |  |  |  |   **Additional comments (if any):** | | |
| **Details of study leave, study leave budget and annual leave** | | |
| Please tick to confirm that the post will provide the same study leave, study leave budget and annual leave arrangements as that given to local trainees working at the same grade and post. | | |
| Study leave: enter a figure days per year | | Study leave budget (per year): £enter a figure |
| Annual leave: enter a figure days per year | | On-call work: YES/NO |
| **Details of visa** | | |
| Visa type the MTI applicant will require.  Tier 5 (sponsored by AoMRC and RCP)  Tier 2 (sponsored by the NHS trust/board)  Other (please specify): Click or tap here to enter text. | | |
| **Tier 5 visa sponsorship** | | |
| Complete this section if the MTI applicant requires the Tier 5 visa  Please tick here to confirm that the supervising consultant and the medical staffing contact named above, authorise the Academy to contact them using the email addresses provided, should the Academy require further information about this application. The Academy will also contact the supervising consultant and the medical staffing contact to e-sign this application.  We recommend adding the Academy’s email address to contact list: [mti.noreply@aomrc.org.uk](mailto:mti.noreply@aomrc.org.uk)  Please tick to confirm that this post been discussed with the relevant Training Programme Director  Please tick to confirm that 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.  Please tick to acknowledge that the employer will maintain and accommodate the applicant up to the end of the first month of their employment for an amount of at least £1,270.  Please tick here if you would like to decline to certify maintenance for the applicant’s dependents.  Please tick to confirm you have read and agree to comply with the employer's [reporting obligations](https://www.aomrc.org.uk/wp-content/uploads/2023/01/MTI_NHS_Employer_responsibilities_and_reporting_obligations_0123.pdf) to the Academy.  Please tick to confirm you agree to fulfil all legal obligations outlined in [Appendix D](https://www.gov.uk/government/publications/keep-records-for-sponsorship-appendix-d) of the Home Office's sponsor guidance | | |
| **Declaration** | | |
| **By signing this form, the following is confirmed:**  The candidate will undergo a period of orientation for a minimum of 4–6 weeks (longer if deemed appropriate). This will include observing consultants in clinic, shadowing registrars on call and shadowing registrars on the wards. Candidates will take clinical responsibilities and be placed on the on-call rota (if applicable) only after the supervising consultant deems them competent to do so.  All IMGs must be provided with a hospital induction.  If there is any change to the post information (eg grade, salary, specialty), the RCP MTI team will be notified in advance. | | |
| **Please note that the below signatures must be from two different people.**  **Approved by supervising consultant (name and signature):**  Print name: Signed: Date:  **Approved by training programme director / regional specialty advisor / director of medical education (delete as appropriate)**  This post has no adverse impact on current or future UK trainees and there are no reservations about the training environment provided.  Print name: Signed: Date: | | |

Document title