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| **Royal College of Psychiatrists****MTI Scheme – 2024 Application Form**Section B2 *(to be completed by referee)* | Logo, company name  Description automatically generated |

Detailed references are an essential component of the RCPsych Medical Training Initiative (MTI) application and should be based solely on first-hand knowledge of the applicant. We emphasise the importance placed on the reference form in assessing the suitability of candidates for joining the RCPsych MTI Scheme.

RCPsych staff will contact referees to verify references before candidates are accepted onto the MTI scheme.

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| **Section 1: Referee Details** |
| **Full Name** | Click here to enter text. |
| **RCPsych Membership Number** *(if applicable)* | Click here to enter text. |
| **Name of National Medical Authority** | Click here to enter text. |
| **Registration Number with National Medical Authority** | Click here to enter text. |
| **Job Title and Work Address** | Click here to enter text. |
| **Email address***(please provide professional / work email)* | Click here to enter text. |
| **Telephone number***(including country code)* | Click here to enter text. |

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| **Section 2: MTI Applicant Details** |
| **Applicant’s Full Name** | Click here to enter text. |
| **How long have you known the applicant?** *(please include dates)* | Click here to enter text. |
| **In what capacity do you know the applicant?** | Click here to enter text. |

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| **Section 3: Reference** |
| Please provide a description of the applicant’s performance in each domain below, based on your first-hand knowledge of the applicant.  |
| **Clinical Knowledge, Skills and Performance** |
| Click here to enter text. |
| **Research Skills** |
| Click here to enter text. |
| **Communication and Relationships with Colleagues**  |
| Click here to enter text. |
| **Communication and Relationships with Patients**  |
| Click here to enter text. |
| **Administrative Responsibilities** |
| Click here to enter text. |
| **Are there any areas of weakness in the candidate’s performance?** |
| Click here to enter text. |
| **Do you have any additional comments to make?** |
| Click here to enter text. |

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| **Section 4: Declaration** |
| I confirm that the information I have provided is based on my first-hand knowledge of the candidate and I hereby agree to act as a referee for the above-named applicant. I agree that I am happy to be contacted by the Royal College of Psychiatrists to clarify and confirm the information provided by the doctor in their application form. |
| **Signature** | Click here to enter text. |
| **Date** | Click here to enter date. |

Once completed, please return this form to the applicant who will submit it to RCPsych with their application form.