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| **Royal College of Psychiatrists**  **MTI Scheme – 2024 Application Form**  Section A1 *(to be completed by the applicant)* | Logo, company name  Description automatically generated |

*This form must be completed electronically, handwritten forms will not be accepted.*

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| **Applicant Eligibility Checklist** | |
|  | I hold a primary medical qualification recognised by the UK General Medical Council (GMC). I acknowledge that if successful in my application, I will need to seek verification of this primary medical qualification by the Education Commission for Foreign Medical Graduates (ECFMG) before the RCPsych can sponsor my registration to join the GMC medical register.  *For GMC list of recognised qualifications, please visit the* [*GMC website*](http://www.gmc-uk.org/doctors/registration_applications/acceptable_primary_medical_qualification.asp)*.*  *For details of how to obtain verification of your primary medical qualification please visit the* [*GMC website*](https://www.gmc-uk.org/registration-and-licensing/join-the-register/before-you-apply/primary-source-verification-for-international-medical-graduates)*.* |
|  | Following undergraduate training, I completed an acceptable programme of practical training/internship (or equivalent) in medicine of no less than 12 months.  *For GMC requirements regarding acceptable internships, please visit the* [*GMC website.*](https://www.gmc-uk.org/registration-and-licensing/join-the-register/registration-applications/application-guides/full-registration-for-international-medical-graduates/your-internship) |
|  | I have obtained, or am working towards, a postgraduate qualification in psychiatry. |
|  | I have not previously made any unsuccessful attempts to register with the GMC, including unsuccessful attempts at taking the PLAB test.  *Doctors who have failed (and not subsequently passed) either part 1 or part 2 of the PLAB test or who have previously been turned down for sponsorship by an approved sponsor are not generally considered as suitable candidates for sponsorship. If unsure, please see* [*GMC website*](https://www.gmc-uk.org/registration-and-licensing/join-the-register/plab) *for clarification.* |
|  | I have not failed (without subsequently passing) any examination that forms part of my psychiatric training. |
|  | I understand that if I fail any examination that forms part of my psychiatric training from the time of application to the time of sponsorship, I will be ineligible for sponsorship and must inform the RCPsych MTI team of this. |
|  | I have at least three years’ experience working in Psychiatry within the last five years, including the last 12 months. If I’m successful at interview, I will inform the RCPsych if my place of work or employment status changes. |
|  | Within the last 18 months I have achieved a minimum overall score of 7.5 in the International English Language Testing System (IELTS) academic, in person test, and at least 7.0 in each category OR I have achieved a B or above in every category of the medical version of the Occupational English Test (OET). I achieved these scores in my most recent sitting of the IELTS or OET. |
|  | I am not a resident of the United Kingdom at the time of application and have no rights of residence in the United Kingdom. I do not hold a passport from the UK. |
|  | I understand that the MTI scheme is not a route to permanent employment/ settlement in the UK and if successful, I intend to return to my home country after completion of my MTI placement. |
|  | I understand that RCPsych MTI posts are based at CT3 level and will be salaried based on national pay scales for the grade of post, rather than based on my individual experience.  *Please see the* [*RCPsych website*](https://www.rcpsych.ac.uk/become-a-psychiatrist/choose-psychiatry/how-to-become-a-psychiatrist) *and* [*Core Psychiatry Curriculum*](https://www.rcpsych.ac.uk/training/curricula-and-guidance/curricula-implementation/draft-core-psychiatry-curriculum) *for further details about what this means.* |
|  | I understand that if I am successful, I will be liable to pay the RCPsych an administration fee of between £250 and £550 depending on my country of residence.  *Please see the details of the* [*administration fees*](https://www.rcpsych.ac.uk/docs/default-source/training/medical-training-initiative/rcpsych-mti-bandings-for-admin-fee.pdf)*.* |
|  | I acknowledge that the RCPsych will retain my personal data in accordance with the [Member’s Privacy Notice](https://www.rcpsych.ac.uk/about-us/legal/data-protection/members-privacy-notice). |
|  | I have reviewed the process flowchart for the MTI scheme below and understand that MTI posts aim to begin from August 2024. If I am accepted onto the RCPsych MTI scheme, I will work towards this deadline and understand that failure to do so may result in a delay to my start date and a shorter placement length. |
| Diagram  Description automatically generated | |

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| **Section 1: Applicant Information** | |
| **First Name(s)**  *(as appears in passport)* | Click here to enter text. |
| **Middle Name(s)**  *(as appears in passport)* | Click here to enter text. |
| **Last Name(s)**  *(as appears in passport)* | Click here to enter text. |
| **Date of Birth**  *(dd/mm/yyyy)* | Click here to enter date. |
| **RCPsych Membership Number**  *(if applicable)* | Click here to enter text. |
| **Email Address** | Click here to enter text. |
| **Current Home Address** | Click here to enter text. |
| **Telephone number**  *(including country code)* | Click here to enter text. |
| **Current Work Address** | Click here to enter text. |
| **Passport Number** | Click here to enter text. |
| **Passport Country of Issue** | Click here to enter text. |
| **Passport Expiry Date** | Click here to enter date. |

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| **Section 2: Duties of a Doctor Registered with the General Medical Council (GMC)** | |
| Doctors must be aware of the GMCs [Good Medical Practice](https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice) guidance and the duties of a doctor registered with the GMC. | |
| I confirm that I have read and understood the duties of a doctor registered with the GMC and that I possess the skills competencies and understanding as detailed in [Good Medical Practice](https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice). | Yes  No |

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| **Section 3: Personal Statement** |
| Please provide a statement outlining your reasons for applying to the RCPsych MTI scheme.  *(300 words maximum)* |
| Click here to enter text. |

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| **Section 4.1: Educational Qualifications – Undergraduate to Postgraduate** *(Scans of original certificates must be supplied)* | | |
| Please provide details of your Primary Medical Qualification and any Postgraduate Qualifications you have obtained or are working towards, including MRCPsych. | | |
| **Qualification** | **Medical School/Awarding Institution** | **Date Awarded**  *(dd/mm/yyyy)* |
| Click here to enter text. | Click here to enter text. | Click here to enter date. |
| Click here to enter text. | Click here to enter text. | Click here to enter date. |

*Use the + button to add additional rows as required.*

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| **Section 4.2: Internship** | | |
| Following undergraduate training, candidates are required to have completed an acceptable programme of practical training/internship (or equivalent) in medicine of no less than 12 months. Please provide information regarding all specialties included in your training/internship.  *Please refer to GMC information about* [*acceptable internships*](https://www.gmc-uk.org/registration-and-licensing/join-the-register/registration-applications/application-guides/full-registration-for-international-medical-graduates/your-internship)*. Your internship must have included:*   * *at least three months in medicine and three months in surgery (if the internship lasted between 12 and 18 months)*   *or*   * *at least six months in medicine and six months in surgery (if the internship lasted for 18 months or longer).* | | |
| **Title/Role** | **Awarding Institution** | **Institution Address** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

*Use the + button to add additional rows as required.*

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| **Details of Internship Rotations** | | |
| **Specialty**  *(medicine, surgery, general practice, psychiatry etc)* | **Start Date**  *(dd/mm/yyyy)* | **End Date**  *(dd/mm/yyyy)* |
| Click here to enter text. | Click here to enter date. | Click here to enter date. |
| Click here to enter text. | Click here to enter date. | Click here to enter date. |

*Use the + button to add additional rows as required.*

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| **Section 4.3: Experience** | | | |
| Applicants are required to have worked as a psychiatrist for at least three out of the last five years, including the last 12 months. Please provide details of your experience in psychiatry in the table below. | | | |
| **Title / Role**  *(please include specialty/sub-specialty, if part time provide hours worked per week)* | **Institution and Address** | **Start Date**  *(dd/mm/yyyy)* | **End Date**  *(dd/mm/yyyy)* |
| Click here to enter text. | Click here to enter text. | Click here to enter date. | Click here to enter date. |
| Click here to enter text. | Click here to enter text. | Click here to enter date. | Click here to enter date. |

*Use the + button to add additional rows as required.*

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| **Section 5.1: Prizes, Honours and Distinctions** | | |
| Please provide details of any relevant prizes, honours or distinctions awarded during or after medical school. | | |
| **Prize/Award/Distinction** | **Awarding Body** | **Date Awarded**  *(dd/mm/yyyy)* | |
| Click here to enter text. | Click here to enter text. | Click here to enter date. | |
| Click here to enter text. | Click here to enter text. | Click here to enter date. | |

*Use the + button to add additional rows as required.*

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| **Section 5.2: Presentations and Publications** |
| Please provide details of any relevant Publications in Peer-Reviewed Journals you have written/contributed to. |
| Click here to enter text. |

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| **Section 5.3: Clinical Audit/Quality Improvement Activity** |
| What experience of clinical audit/quality improvement do you have? Please state clearly where and when this was undertaken and state specifically your role in each of the projects. |
| Click here to enter text. |

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| **Section 5.4: Research skills** |
| Please give brief details of all research projects, and/or relevant research experience that you have undertaken or are undertaking, including methods used.  Indicate your level of involvement and your exact role in the research team. Please detail when this took place, your time commitment, your contribution/involvement and sources of funding.  If you have been awarded a higher degree as a result of research, this must be detailed additionally in the educational qualification section above.  If appropriate, detail your academic career plans. |
| Click here to enter text. |

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| **Section 5.5: Management** |
| Describe any leadership, administrative and managerial contributions you have made in your professional life. Please do not include educational/teaching experience in this section. This information should be included in the teaching section below. |
| Click here to enter text. |

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| **Section 5.6: Teaching** |
| What experience of teaching do you have? Please state clearly where and when, and at what level this was delivered. |
| Click here to enter text. |

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| **Section 6: English Language Skills** *(copies of certificates must be supplied)* | |
| Candidates are required to provide evidence of their English language skills. The GMC accept the International English Language Testing System (IELTS) Academic Test, taken in person, with an overall score of at least 7.5, with at least 7.0 in every section **OR** a grade B and above in each testing area of the medicine version of the Occupational English Test (OET).  These tests must have been taken within the last 18 months. | |
| **Certificate**  *(IELTS or OET)* | Click here to enter text. |
| **Overall Score**  *(IELTS only)* | Click here to enter text. |
| **Listening Score** | Click here to enter text. |
| **Reading Score** | Click here to enter text. |
| **Writing Score** | Click here to enter text. |
| **Speaking Score** | Click here to enter text. |
| **Date of Test**  *(dd/mm/yyyy)* | Click here to enter date. |
| **Candidate Number** | Click here to enter text. |
| **Centre/Venue Number** | Click here to enter text. |

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| **Section 7: GMC Registration Status** | |
| Doctors who have failed (and not subsequently passed) either part 1 or part 2 of the Professional and Linguistic Assessments Board (PLAB) test, or who have previously been turned down for sponsorship by an approved sponsor, are not generally considered as suitable candidates for sponsorship. | |
| **Have you made any attempts to register with the GMC?** | Yes  No |
| **Have you ever attempted the PLAB test?** | Yes  No |
| **Date and details of Registration / Exam / Test** | Click here to enter date. |
| **Result** | Click here to enter text. |

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| **Section 8.1: Letters of Support** | |
| Candidates are required to provide:   * Letter of support from their National Psychiatric Association (L1), dated within six months of application submission date. * Letter of support from their current employer (L2), dated within six months of application submission date.   Please provide details of your letters of support below. | |
| **Letter of Support 1 - National Association (L1)** | |
| **Name of Signatory** | Click here to enter text. |
| **Role** | Click here to enter text. |
| **National Association** | Click here to enter text. |
| **Email Address**  *(professional/work email should be provided)* | Click here to enter text. |
| **Letter of Support 2 - Current Employer (L2)** | |
| **Name of Signatory** | Click here to enter text. |
| **Role** | Click here to enter text. |
| **Institution** | Click here to enter text. |
| **Email Address**  *(professional/work email should be provided)* | Click here to enter text. |

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| **Section 8.2: References** | | |
| Candidates are required to provide three structured references (B1, B2 and B3 forms), dated and signed within six months of the MTI application submission date. Referees should:   * Be Psychiatrists working at a senior level to you * Have worked with you within the past three years * Have worked with you for a period of six months or longer   If you are shortlisted for an interview, your referees will be contacted to verify the reference they have provided.  Please provide details of your referees below. | | |
| **Referee 1 (Form B1)** | | |
| **Name** | Click here to enter text. | |
| **Job Title** | Click here to enter text. | |
| **Place of work** | Click here to enter text. | |
| **Dates covered by reference** | From: | Click or tap to enter a date. |
| To: | Click or tap to enter a date. |
| **Email Address**  *(professional/work email should be provided)* | Click here to enter text. | |
| **Relationship**  *(tutor, clinical director, colleague etc)* | Click here to enter text. | |
| **Referee 2 (Form B2)** | | |
| **Name** | Click here to enter text. | |
| **Job Title** | Click here to enter text. | |
| **Place of work** | Click here to enter text. | |
| **Dates covered by reference** | From: | Click or tap to enter a date. |
| To: | Click or tap to enter a date. |
| **Email Address**  *(professional/work email should be provided)* | Click here to enter text. | |
| **Relationship**  *(tutor, clinical director, colleague etc)* | Click here to enter text. | |
| **Referee 3 (Form B3)** | | |
| **Name** | Click here to enter text. | |
| **Job Title** | Click here to enter text. | |
| **Place of work** | Click here to enter text. | |
| **Dates covered by reference** | From: | Click or tap to enter a date. |
| To: | Click or tap to enter a date. |
| **Email Address**  *(professional/work email should be provided)* | Click here to enter text. | |
| **Relationship**  *(tutor, clinical director, colleague etc)* | Click here to enter text. | |

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| **Section 9: Training Requirements and Preferences** | | | |
| While RCPsych is not able to guarantee that it can meet preferences regarding subspecialty training and/or location, this information will be used as a guide when matching successful applicants with vacant training posts. | | | |
| **Sub-specialty preferences** | Click here to enter text. | | |
| **Location preferences** | Click here to enter text. | | |
| **Have you had contact with any UK Employing Bodies? If so, please provide details** | **Employing Body:** | Click here to enter text. |
| **Contact Name:** | Click here to enter text. |
| **Email Address:** | Click here to enter text. |

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| **Section 10: Funding** | |
| **Will you receive any funding for your MTI placement?** | Yes  No |
| **If yes, please provide details** | Click here to enter text. |

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| **Section 11: Application Checklist**  *I have included the following documents in my application:* | |
|  | Completed ‘Section A1’ form |
|  | Dated letter of support, on headed paper, from National Psychiatric Association (L1)  *If you are having difficulty obtaining this, please contact us at* [*mti@rcpsych.ac.uk*](mailto:mti@rcpsych.ac.uk) |
|  | Dated letter of support, on headed paper, from current employer/institution (L2) |
|  | Completed ‘Section B1’ form |
|  | Completed ‘Section B2’ form |
|  | Completed ‘Section B3’ form |
|  | Current CV/resume  *You may find it helpful to refer to NHS guidance on* [*preparing your medical CV*](https://www.healthcareers.nhs.uk/explore-roles/doctors/medical-specialty-training/preparing-your-medical-cv) |
|  | Copy of current, valid passport (with all details clearly legible) |
|  | Copy of most recent IELTS or OET certificate |
|  | Copies of educational qualification certificates |

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| **Section 12: Declaration** | |
| I confirm that the information I have provided in this application is correct | |
| **Signature** | Click here to enter text. |
| **Date** | Click here to enter date. |

Once completed please return this form, along with the supporting documents requested, to [mti@rcpsych.ac.uk](mailto:mti@rcpsych.ac.uk) by **23.59 GMT on Monday 22 January 2024.** We will acknowledge receipt of your application within one working day.

If you would like to provide any feedback on the usability or function of this application form, you can do so [here](https://forms.office.com/Pages/ResponsePage.aspx?id=isSqdaspMEKtrGnT5-0-dyKg8hW_VX5JjbQn3G1wmvVURjFVTTlKVkE2VFA3MEVTMjdRMzhRSk1NTi4u).