**TIER 2 REPORTING FORM**

During the sponsorship of trainees rotating throughout England, UK Visas & Immigration (UKVI) must be informed of certain activity. By not complying with the guidance, a sponsor can be issued with a civil penalty and, in some circumstances, have their licence revoked.

Please could you therefore complete this form in full to inform HEE of any of the issues/activities detailed below. All relevant activity must be reported to the HEE Local Team/Lead Employer **immediately and within a maximum of 5 working days of the event/change occurring.** Please send completed forms to [**(Please**](mailto:tier4@foundationprogramme.nhs.uk) **enter your HEE Local Team/Lead Employer email address)**

*This form only needs to be completed to inform HEE of the issues/activities detailed below. If you do not have any issues, then you are not required to complete this form.*

|  |  |
| --- | --- |
| **TRAINEE’S DETAILS:** | |
| **Name of doctor:** |  |
| **GMC/GDC number:** |  |
| **Region:** |  |
| **Trust name:** |  |
| **Submitted by:** |  |
| **Date submitted:** |  |

Please select the appropriate description from the list below and provide supporting details.

|  |  |
| --- | --- |
| **REPORTING ACTIVITY** | **Select option from this list** |
| **START DATE OF ACTIVITY** |  |
| **END DATE OF ACTIVITY** |  |
| **WHEN WILL THE SALARY CHANGE (IF APPLICABLE)?** |  |
| **WHAT WILL THE NEW SALARY AND HOURS BE (IF APPLICABLE)?** |  |
| **FURTHER DETAILS/COMMENTS** |  |

|  |  |  |
| --- | --- | --- |
| **CHANGE OF PERSONAL DETAILS** | | |
| **Type of Change** | **Previous** | **New** |
| **NAME CHANGE** |  |  |
| **CHANGE OF ADDRESS** |  |  |
| **CHANGE OF CONTACT DETAILS** |  |  |

If you require any further information regarding Tier 2 sponsorship please contact: [tier2@wm.hee.nhs.uk](mailto:tier2@wm.hee.nhs.uk) who will assist with your enquiry.