UNIVERSITY OF CANBERRA

GRADUATE CERTIFICATE IN ULTRASOUND STUDIES APPLICANT AGREEMENT

The following declaration is to be completed by the **applicant** for the **Graduate Certificate in Ultrasound Studies**

- ☐ I do not have a clinical training position.
- ☐ I understand that if I cannot provide evidence of a clinical training position I may enrol in the Graduate Certificate in Ultrasound Studies.
- ☐ I understand that it is a pre-requisite to have successfully completed 2 units of human anatomy and physiology, and that this course will build upon this prior knowledge rather than teach the anatomy.
- ☐ I understand that I will be required to attend weekly compulsory on campus practical training workshops in the units 10161 Abdominal Ultrasound and 10164 Paediatrics and Superficial Parts Ultrasound.
- ☐ I understand completion of the Graduate Certificate in Ultrasound Studies will not lead to employment as a sonographer.
- ☐ I understand that if I obtain a suitable clinical training position I may transfer to the Graduate Diploma in Medical Ultrasound.

Name: _____

Signature: _____ **Date:** _____