

## Graduate Diploma in Medical Ultrasound (361JA)

### Applicant Agreement

The following declaration is to be completed by the **applicant** for the **Graduate Diploma in Medical Ultrasound**

- I understand that to enrol in the Graduate Diploma in Medical Ultrasound I must have an ultrasound training position under the supervision of an ASAR Accredited Medical Sonographer or suitably qualified and experienced medical practitioner.
- I understand that it is my responsibility to find a clinical training position to meet the course requirements.
- I understand that if my training position lapses I may be required to withdraw or exit from the course.
- I have a clinical training position as evidenced by submission of the Confirmation of Training Position appended below.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Confirmation of Training Position for the Graduate Diploma in Medical Ultrasound

The following confirmation is to be completed by the **site manager or authorised employee**

- I confirm that the student named below has been approved to undertake their ultrasound training at the site listed below, under the supervision of an ASAR Accredited Medical Sonographer.
- I confirm that the student named below has been approved to undertake a component of their ultrasound training at the site listed below, under the supervision of an ASAR Accredited Medical Sonographer.
- I understand that this is a statement of support and does not obligate the organisation to provide ongoing employment

**Your Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Site Name:** \_\_\_\_\_

**Site address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**AMS Number:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_