UNIVERSITY OF CANBERRA

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 (AMS) or suitably qualified and experienced medical practitioner.
- ☐ I understand that enrolment in the Graduate Diploma in Medical Ultrasound is for **general ultrasound training** and requires exposure to, and competency development across, the full scope of general ultrasound practice, in accordance with course and accreditation requirements.
- ☐ I understand that to be eligible for completion of the course, I must **pass all subjects** and **complete the minimum 2000 hours of supervised clinical ultrasound scanning**. Please see the following guide: https://sonographers.org/resources/clinical-resources/clinical-supervision-framework-and-trainee-guide
- ☐ I have a clinical training position as evidenced by submission of the Confirmation of Training Position appended below.
- ☐ I confirm that the training site has provided me with a contract to conduct ultrasound training, and I have signed and agreed to the contract.
- ☐ I understand that if my training position lapses, I may be required to withdraw or exit from the Graduate Diploma in Medical Ultrasound course, or undertake a modified study program. I also understand that it is my responsibility to find an alternative clinical training position if the training site withdraws its support, or they can't provide the required clinical experience to meet the course requirements.
- ☐ If my training lapses, then it is also my obligation to notify the UC Course convenor of Medical Ultrasound asap.
- ☐ I am covered by the appropriate Professional/Medical Indemnity, Public Liability Insurance and Workers Compensation Cover as required by statute, and understand that the University of Canberra does not provide this cover.
- ☐ I understand that if the training site is unable to provide me with evidence of appropriate insurance coverage I will be required to obtain my own insurance and this is my responsibility.
- ☐ I understand that as a sonography student, I am required to be registered with ASAR as an Accredited Sonography Student (ASS) and am prepared to share my ASS number with the University if requested. (https://www.asar.com.au/sonographer-info/accredited-student-sonographer/)
- ☐ I confirm that there is no conflict of interest (perceived or real) with my supervising sonographer or with my clinical training site, and that if such a situation arises I will notify the course convenor immediately.

Name: _____ **ASAR ASS number (if known)**_____

Signature: _____ **ASAR ASS category (if known)**_____

Date: _____ **ASS registration expiry date (if known)**_____