# 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 I will be required to attend on campus practical training workshops in the units 10164 Abdominal Ultrasound and 10161 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: \_\_\_\_\_\_\_\_\_\_\_**