# 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**