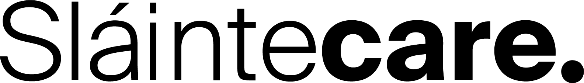
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**Application Form**

**Professional Certificate Referring for Radiological Procedures (Physiotherapists)**

University College Dublin

**Applicants should read the accompanying guidelines provided prior to completing this application form in consultation with their clinical supervisor.**

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| **PHYSIOTHERAPIST APPLICANT DETAILS** | |
| **Applicant Name (as per CORU Registration):** |  |
| **CORU Registration Number:** |  |
| **Grade (e.g. Clinical Specialist/Senior):** |  |
| **Email:** |  |
| **Clinical Area:** |  |
| **Work Location:** |  |
| **HSE Health Region:** |  |
| **Contact Details (Telephone):** |  |
| **Preferred/available programme commencement date[[1]](#footnote-1):** | **May 2025 [ ] September 2025 [ ]** |
| **Confirmation of attendance to UCD in-person training day:**  Having consulted with my physiotherapy line manager, I confirm my availability to attend the compulsory UCD in-person training day. Please tick relevant date(s):   * May 23rd 2025   ***and/or***[[2]](#footnote-2)   * September 5th 2025 | |

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| **GOVERNANCE ARRANGEMENTS** | | |
| ***Please confirm that the following is in place/has been satisfied at your work location.*** | Yes | No |
| All necessary local governance arrangements are/will be in place at the work location to oversee the introduction and implementation of physiotherapist referral for radiological procedures (i.e. Radiation Safety Committee and Local Implementation Group). |  |  |
| An appropriate named clinical supervisor has been identified who will provide support throughout the education and training programme (please refer to the accompanying guidelines provided for further detail). |  |  |
| An agreed schedule for routine audit of physiotherapist referral for radiological procedures is in place or will be implemented prior to commencement of independent practice. |  |  |
| Access to **each** of the following has been confirmed:   * Royal College of Radiologist’s (RCR) *iRefer Guidelines[[3]](#footnote-3)*, the European Society of Radiologist’s (ESR) *iGuide[[4]](#footnote-4)* or equivalent decision support tool. * PPPGs relating to the reporting of ionising radiation incidents and near miss events. * PPPGs relating to the protection of the unborn child during medical exposures to ionising radiation. |  |  |

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| **SITE DECLARATION** | |
| **Radiologist:** | ‘Radiologist’ is the Clinical Director/Consultant in Administrative Charge (or designate) who is the designated radiologist to the Radiation Safety Committee, within the work location. |
| **Name:** |  |
| **MCRN:** |  |
| **Work Location:** |  |
| **Contact Details Email/Telephone:** |  |
| **Date:** | **Signature:** |
| **Clinical Supervisor:** | ‘Clinical Supervisor’ must be a registered medical practitioner at Consultant level or Registrar supported by a Consultant. |
| **Name:** |  |
| **MCRN:** |  |
| **Work Location:** |  |
| **Contact Details Email/Telephone:** |  |
| **Date:** | **Signature:** |
| **Executive Lead/Senior Manager**: | ‘Executive Lead/Senior Manager’ refers to the person with overall responsibility for governance of the physiotherapy service within the work location (e.g. HSCP Lead, Hospital Manager, General Manager, or equivalent). |
| **Name:** |  |
| **Work Location:** |  |
| **Contact Details Email/Telephone:** |  |
| **Date:** | **Signature:** |
| **Physiotherapy Manager**:  \* See also ‘Statement of Support’ requirement below. | ‘Physiotherapy Manager’ is the Physiotherapy Service Manager to whom the applicant reports professionally. |
| **Name:** |  |
| **CORU Number:** |  |
| **Work Location:** |  |
| **Contact Details Email/Telephone:** |  |
| **Date:** | **Signature:** |

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| **EVIDENCE OF SPECIALISM** | | | |
| ***Please outline details of 4 years’ experience in relevant clinical specialism.*** | | | |
| **Date** | | **Total No. Months** | **Title/Role** |
| **From** | **To** |
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| **PERSONAL STATEMENT** |
| ***Please outline your personal motivation in applying for this education and training programme.***  *Your answer should include reference to how the Professional Certificate qualification will enhance and expand the performance of your physiotherapy role.* (Max. 500 words). |
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| **STATEMENT OF SUPPORT – PHYSIOTHERAPY MANAGER** | | |
| ***Please outline your support for the applicant in his/her application for this education and training programme, including alignment with clinical justification and service need.***(Max. 300 words). | | |
|  | | |
| **Signature:** | **Email:** | **Date:** |

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| **PHYSIOTHERAPIST APPLICANT DECLARATION** |
| * + I agree to allow personal information recorded above to be shared between the Department of Health, Health Service Executive, and University College Dublin for the purpose of progressing my application and to support my employer at site level into the future. * I understand that proposed leave entitlements associated with completion of the education and training programme will be subject to staffing demands at the time. * I agree that the entirety of the course fees paid on my behalf will immediately become due and owing by me if I: * Do not complete the programme successfully within the time frame designated by the relevant Higher Education Institution * Cease employment with the HSE before I have successfully completed the programme.   + I agree to reporting specific outcomes which will be agreed by the HSE under the delivery of the SIIF project. * On successful completion of the education and training programme I will: * Provide my work location with evidence of same * Inform the HSE National Health and Social Care Professions Office ([CPD.HSCP@HSE.IE](mailto:CPD.HSCP@HSE.IE)) and my Physiotherapy Manager, by email.   + I confirm that the information provided above is correct and accurate, to the best of my knowledge.   **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Please return completed application forms, via your Physiotherapy Line Manager, to [cpd.hscp@hse.ie](mailto:cpd.hscp@hse.ie) by **5pm, 4th April 2025.**

1. Enter number 1 and/or 2 to indicate your preferred/available commencement date(s). [↑](#footnote-ref-1)
2. Attendance is required in UCD on ***one occasion only***, in line with offer of training place. [↑](#footnote-ref-2)
3. Royal College of Radiologists. [Home | iRefer](https://www.irefer.org.uk/). [↑](#footnote-ref-3)
4. European Society of Radiologists. [ESR iGuide | Imaging Referral Guidelines published by the European Society of Radiology](https://www.esriguide.org/). [↑](#footnote-ref-4)