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| **GRADUATE CT PROGRAMME: CLINICAL DECLARATION FORM** |
| Please complete this declaration form and upload to the online application system. |

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| **PERSONAL DETAILS** | | |
| **Applicants Name** |  |  |
| Last Name | First Name |
| **Applicants Home Address** |  | |
| **Applicants Employment Address** |  | |
| **Mobile Phone Number** |  | |
| **E-mail Address** |  | |

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| **CLINICAL HOUR COMMITMENT** | | |
| **Programme / Module** | CT Clinical Practice Hours | Tic Choice |
| Graduate Diploma In CT | **Minimum of** **600 hours** |  |
| Taught MSc In CT | **Minimum of 900 hours** |  |
| Advanced CT Imaging Module | **Minimum of** **300 hours** |  |

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| **PRE-COURSE CT CLINICAL EXPERIENCE** | |
| Duration Of CT Clinical Experience (Months / Years) |  |
| CT Scanner(s) / Technology Experience |  |
| Scope Of CT Examinations Undertaken |  |
| Other Relevant CT Clinical Or Research Experience |  |

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| **APPLICANT DECLARATION** | |
| *I verify that the above information provided is true and that I have achieved the required pre-course CT clinical experience. I commit to undertaking the required CT clinical hours for the programme.* | |
|  | ***4 April 2025*** |

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| **RSM / CT CSR** | |
| *I verify that the above-named applicant has discussed the clinical placement requirements for their chosen CT programme with me. I agree to facilitate the student in achieving the specified CT clinical placement and to assign an experienced clinical supervisor.* | |
|  | ***4 April 2025*** |