

Graduate Diploma in Medical Sonography / Master of Medical Sonography

Confirmation of Training Place

Australian students: This form must be completed and uploaded to SATAC before an application for admission can be considered.

International students: This form must be completed and uploaded with your International Application System application before admission can be considered.

The **Applicant Details and Declaration** section must be completed by the applicant.

The **Training Place Details and Confirmation** section must be completed by a manager or other authorised person employed by the organization hosting the Training Place.

Applicant Details and Declaration (This section to be completed by the applicant)	
Given Name(s):	Family Name:
Specialisation: (General, Cardiac or Vascular)	
SATAC Reference Number (9 digits): (Domestic applicants)	_ _ _ _ _ _ _ _ _ _
International Application System Application ID (8 digits): (International applicants)	_ _ _ _ _ _ _ _ _ _
<input type="checkbox"/> I am aware that to successfully complete this program I will be required to pass a competency assessment and have logged 2,200 hours of supervised clinical sonography experience (general) OR 2,000 supervised clinical sonography experiences (Cardiac/Vascular)	
<input type="checkbox"/> I understand that it is my responsibility to find an alternative training place if the training provider withdraws their support or cannot supply me with the required experience. I understand that without a training place I am unable to progress to the level 2 courses and may be required to withdraw or exit from the program.	
Applicant Signature:	Date:
_____ _____	_____/_____/_____ _____

Training Place Details and Confirmation

(This section to be completed by a manager or authorized employee of the Training Place provider)

Statement of Support

- I certify that the applicant named above has the support of our organization to undertake some or all of the required medical sonography training within our facilities, and that the applicant when training will be supervised by an accredited medical sonographer who is registered with the Australian Sonographer Accreditation Registry (ASAR) or someone with an equivalent registration.
- I acknowledge that students must be actively scanning when they undertake:
- Abdominal Sonography and Superficial Parts Sonography (in level 1 for the General stream students) OR
 - Cardiovascular Anatomy and Embryology and Cardiovascular Physiology and Pathology (in level 1 for the Cardiac / Vascular stream students)
- I understand that I am only confirming support for the applicant's training place and that the organization is not obliged to make a medical sonographer position available for them.
- I confirm I do not have conditions on my registration that may impact my ability to supervise the applicant nominated above.

Manager or Authorised Employee Details

Applicant Name:

Name and address of organisation:

Name and Position of supervisor:

ASAR (or overseas equivalent Registration Number):

Is position paid or unpaid:

Does the Training Supervisory currently have conditions on their registration? (Yes/No):

If yes, please provide details on the conditions(s):

Name of Manager or Authorised Employee:

Position of Manager or Authorised Employee:

Contact number:

Email :

Manager or Authorised Employee Signature:

Date:

_____/_____/_____

Enquiries:

If you have any questions about this form, please connect with our **Future Student Enquiries Team**

Phone +61 8 7420 5115

Online enquiry form: <https://adelaideuni.edu.au/contact/>