

Graduate Certificate in Breast Imaging (GCBRI)

Letter of Support / 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 of Employment** section must be completed by a manager or other authorised person employed by the organisation hosting the training place.

Applicant Details and Declaration (This section to be completed by the applicant)	
Given Name(s):	Family Name:
SATAC Reference Number (9 digits): (Domestic applicants) _ _ _ _ _	International Application System Application ID (8 digits): (International applicants) _ _ _ _ _
Contact Number:	Employer Organisation Name:
I declare that: <input type="checkbox"/> I have made the training place provider aware that the program I am applying for requires me to complete a range of supervised breast ultrasound experiences. <input type="checkbox"/> I understand that it is my responsibility to find an alternative training place if the training place provider withdraws their support. I understand that without a training place I am unable to progress and may be required to withdraw or exit from the program.	
Applicant Signature: _____	Date: _____/_____/_____

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Confirmation of Employment (This section to be completed by a manager or authorised employee of the training provider)			
Statement of Support			
<ul style="list-style-type: none"> - I certify that the applicant named above has the support of our organisation 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 understand that I am only confirming support for the applicant's training place and that the organisation is not obliged to make a medical sonographer position available for them. 			
Manager or Authorised Employee Details			
Applicant's name:			
Manager or Authorised Employee's Name and Title:			
Name and address of organisation:			
Name of supervisor:			
Is position paid or unpaid:			
Contact number:	Email:		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; padding: 5px;"> Manager or Authorised Employee Signature: _____ </td> <td style="width: 40%; padding: 5px;"> Date: ____/____/____ </td> </tr> </table>		Manager or Authorised Employee Signature: _____	Date: ____/____/____
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/>