**Faculty of Health, Education and Life Sciences**

**School of Allied and Public Health Professions**

**Department of Radiography**

**BSc (Hons) Medical Ultrasound**

**Medical Ultrasound Department Visit Form**

To enable you to decide if Medical Ultrasound is the career choice for you, all candidates must complete a short period of work experience. A minimum of one full day in an ultrasound department is expected in order to fulfil this criterion.

Attending a clinical visit will enable you to confirm that Medical Ultrasound is your correct career choice and also provides you with an invaluable opportunity to speak with clinical sonographers. Attending a clinical visit will also help shortlisted candidates to prepare for the selection event.

This document is designed to guide you as a prospective student during your clinical visit. By following this short worksheet you will find out information that we think it is essential for you to know before you commit yourself to a career in Medical Ultrasound.

The form is part of the selection and admissions process and should be returned when completed by uploading to the applicant portal or returned by email to alliedhealth.admissions@bcu.ac.uk

*To be completed by the applicant*

|  |  |
| --- | --- |
| Name of applicant: |  |
| Hospital/s visited: |  |
| Date of visit(s): |  |

|  |  |
| --- | --- |
| Types of examinations seen: |  |

*To be completed by the applicant*

What aspects of the placement have you enjoyed?

Why have you chosen medical ultrasound as a career pathway?

What personal attributes and skills do sonographers need?

Thank you for allowing this applicant to visit your department. He/she may apply to Birmingham City University to undertake a degree in Medical Ultrasound. We would be most grateful if you would sign this document to confirm that this individual has completed a placement within your organisation. Thank you for your assistance.

*To be completed by the Supervising Staff Member*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department / trust \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments: on the prospective student: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I can confirm that this student has visited the clinical department.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_