

Faculty of Health, Education and Life Sciences School of Health Sciences Department of Radiography BSc (Hons) Radiotherapy

Radiotherapy Department Visit Form

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

Attending a Clinical Visit will enable you to confirm that Radiotherapy is your correct career choice and also provides you with an invaluable opportunity to speak with Clinical Radiographers. 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 Radiotherapy.

The form is part of the selection and admissions process and should be uploaded to your record via your applicant portal or e-mailed to <u>alliedhealth.admissions@bcu.ac.uk</u> by the date indicated in your offer.

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 Radiotherapy as a career pathway?

What personal attributes and skills do Radiotherapy radiographers need?



Thank you for allowing this applicant to visit your department. He/she may apply to Birmingham City University to undertake a degree in Radiotherapy. 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 Radiographer

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: