



2012 Bachelor of Radiography and Medical Imaging

SUPPLEMENTARY INFORMATION FORM

(Monash Internal Course Transfer Applicants Only)

APPLICATION CLOSING DATE: 28 OCTOBER 2011

INTERVIEW DATES: 13 AND 14 DECEMBER 2011

INTERVIEWS WILL NOT BE RESCHEDULED

Instructions

- When you complete and submit this application form to the Selection Officer, you will need to include an Internal Course Transfer form that you have completed and signed. The Internal Course Transfer form can be found at <http://www.adm.monash.edu.au/service-centre/forms/>.
- It is up to you to demonstrate that you meet all the prerequisite requirements at either the secondary or tertiary level
- Transcripts of your results for Monash do NOT need to be provided
- If your contact details change after the lodgement of this form, you will need to notify the Selection Officer via email at enquiries.radiography@monash.edu.
- It is important that you complete all details, questions and sign this form
- If you are successful in meeting the academic requirements, submit your supplementary form and complete a clinical site visit, you will receive communication after the results release date inviting you to attend a Selection Interview on either **13 or 14 December 2011**. You will need to ensure that you are available to attend this interview.
- If you are an international student visa holder, you will need to apply for this course through International Recruitment Services (<http://www.monash.edu.au/study/international/>).
- The School of Biomedical Sciences can be contacted for enquiries or general information on 9905 1212 or by email at enquiries.radiography@monash.edu.
- All applicants must return this form with the Internal Course Transfer application by **Friday 28 October 2011** to:

School of Biomedical Sciences Student Services Office
Building 13C, Room CG11
MONASH UNIVERSITY VIC 3800

Current Monash Course Details

Monash Student ID:

Course Code:

Course Title:

Personal Details

Title:

Surname:

Given Name(s):

Gender:

Male

Female

Date of Birth:

Postal Address for Correspondence

Address:

Suburb:

State:

Country:

Postcode:

Phone (AH):

Phone (BH):

Mobile Number:

Preferred Email Address:

Have you applied for this course previously?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	What Year:
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Secondary Education (please provide ORIGINAL CERTIFIED copies of your ATAR result and study scores		
Qualification (for example VCE/IB):		
School:		
Year Obtained:	ATAR score:	State:

It is **COMPULSORY** to have completed a clinical sit visit in order to be considered for an interview for the Bachelor of Radiography and Medical Imaging course.

Please provide the details of the site visit(s) that you have completed a part of your application:

Clinical Site Visit Details:	
Clinical Site	Date

TO BE COMPLETED BY ALL APPLICANTS

Please answer the following questions on a separate sheet of paper (maximum of 200 words each) and attach it to this form.

1. What is your reason(s) for choosing to apply for the Bachelor of Radiography and Medical Imaging at Monash University?
2. Radiographers need to interact with patients often at times when they may be stressed, unwell or in pain. They therefore need well developed communication and interpersonal skills. Briefly outline your approach to dealing with people, and what in your opinions are some important elements of good communication. Give examples from your personal experience
3. Radiographers need to be able to work independently, as well as in co operative health professional teams. Please provide examples of your experience at working in teams or groups, including any leadership roles. List some factors that can contribute to effective group dynamics within teams.
4. We are interested in any other information which may be relevant to you application (eg related work experience, clinical site visits, volunteer week, club membership, personal or family experience within the health care system). Please provide any further information which you would like us to consider in procession your application. If you visited a clinical site, please provide details.

The primary purpose for which this information is collected is for selection into the Bachelor of Radiography and Medical Imaging course. If you choose not to answer all the questions on this form, it may not be possible for the Department of Medical Imaging and Radiation Sciences to assess your application.

You have a right to access personal information that Monash University holds about you, subject to the any exceptions in relevant legislation. The University's statement on privacy is available at www.privacy.monash.edu.au. Should you wish to seek access to your personal information or enquire about the handling of your personal information, please contact the University Privacy Officer on 9905 6011.

I declare that the information supplied on this form and the information given in support of my application is correct and complete. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application and/or academic transcript may result in the withdrawn of an offer of a place in the course. I authorise Monash University to obtain official student records from any educational institution to make an informed decision about the application. I agree to abide by the statutes and regulations of Monash university.

Applicants Signature: _____ Date: / /