



**Master of Medical Radiations
(Medical Ultrasound, Nuclear Medicine or Radiation Therapy)**

SUPPLEMENTARY INFORMATION FORM

Instructions:

1. All applicants must complete Parts 1, 2 and 3 of this Supplementary Information Form.
 2. Your responses to Part 1 should be completed on a separate sheet of paper.
 3. Your responses to Parts 2 and 3 must be completed on this form.
 4. The questions noted in Part 1, allow you to demonstrate your understanding medical ultrasound/nuclear medicine/radiation therapy, and provide the Department of Medical Imaging and Radiation Sciences with information about your motivation and level of interest in the course you are applying for.
 5. Relate your responses to these questions to the stream you wish to study i.e. medical ultrasound or nuclear medicine or radiation therapy.
 6. Try to keep your responses to about 250 words per question.
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Please select which stream you are applying for:

- Medical Ultrasound Nuclear Medicine Radiation Therapy

Please note that if you are applying for more than one stream, you will need to submit an application form for each stream.

PART 1: COMPULSORY QUESTIONS

1. Why have you applied for the Master of Medical Radiations?
2. Briefly discuss the stream that you find interesting and describe the role of the sonographer / nuclear medicine scientist / radiation therapist in relation to this modality.
3. Sonographers, nuclear medicine scientists and radiation therapists need to be able to work as a member of a team as well as take professional responsibility for the care of a patient undergoing an examination. Please provide personal examples of teamwork and leadership that demonstrate these abilities, and comment on how these are relevant to the work of a sonographer, nuclear medicine scientist or radiation therapist.
4. How would you describe your interpersonal skills when dealing with people? Please provide some personal examples.
5. Discuss any other information that you believe is relevant to your application, such as work experience in a clinical setting or professional development and how it may contribute to the role of a sonographer, nuclear medicine scientist or radiation therapist. (Maximum 200 words). Note that if you have answered this question, you are asked to attach documentation to support your statement.

PART 2: CLINICAL CENTRE SITE VISIT

It is **COMPULSORY** to have completed a clinical visit in order to be considered for an interview for Master of Medical Radiations courses in Medical Ultrasound, Nuclear Medicine or Radiation Therapy.

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

Centre Attended:

Date:

PART 3: DECLARATION

The primary purpose for which this information is collected is for selection into the Master of Medical Radiations 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 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 may result in the withdrawal of an offer of a place in the course. I agree to abide by the statutes and regulations of Monash University.

Applicant's Signature: _____

Date: / / 20____

Department Use Only

Application received: / / 20____