SUPPLEMENTARY INFORMATION FORM

Instructions:

1. All applications must complete Parts 1, 2 and 3 of the Application Form
2. Your response to Part 2 should be completed on a separate sheet of paper
3. Your responses to Parts 1 and 3 must be completed on this form
4. The questions noted in Part 1 allow you to demonstrate your understanding of medical ultrasound and/or radiation therapy and provided 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 response to these questions to the stream you wish to study, ie medical ultrasound and/or radiation therapy
6. Try to keep your responses to about 250 words per question

If you are successful in meeting the academic requirements, submit your supplementary form and complete a clinical site visit, you will receive communication in early January 2011 inviting you to attend a Selection Interview in the week beginning 17 January 2011. You will need to ensure that you are available to attend this interview.

INTERVIEWS WILL NOT BE RESCHEDULED.

Please attach your Supplementary Information Form along with your Answers to your online application. If you are unable to do so, please mail it to the following address:

School of Biomedical Sciences
Course Administrator – Medical Radiations
Building 13C, Room CG11
Monash University VIC 3800

Name: ___________________________ Applicant ID: ___________________________

Please select which stream you are applying for:

☐ Medical Ultrasound  ☐ Radiation Therapy

Please note that if you are applying for MORE THAN ONE stream, you will need to submit a Supplementary Information form for each stream

PART 1: CLINICAL CENTRE SITE VISIT

It is COMPULSORY to have completed a clinical site visit in order to be considered for an interview for the Master of Medical Radiations course.

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

Centre Attended: ___________________________ Date: ___________________________

________________________________________________________________________

________________________________________________________________________
PART 2: 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 or radiation therapist in relation to this modality.

3. Sonographers 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 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 or radiation therapists (Maximum 200 words).

Note: If you have answered this question, you are asked to attach documentation to support your statement.

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 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 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.

Applications Signature: ____________________________________________

Date: / / 

Department Use Only
Application received: / /