SCHOOL OF BIOMEDICAL SCIENCES
Department of Medical Imaging & Radiation Sciences
Postgraduate courses (Off-Campus Learning)
Application Form

Tick the course you are applying for:

☐ Master of Radiation Therapy (MRT) (2 years part-time equivalent)
☐ Master of Radiographic Practice (MRP)
  ☐ Graduate Certificate in Radiographic Practice (1 year part-time equivalent)
  ☐ Graduate Diploma in Advanced Radiographic Practice (2 years part-time equivalent)
  ☐ Master of Radiographic Practice (3 years part-time equivalent)
☐ Medical Ultrasound (GDMU)
  ☐ Graduate Certificate in Medical Ultrasound (1 year part-time equivalent)
  ☐ Graduate Diploma in Medical Ultrasound (ASAR accredited) (2 years part-time equivalent)
  ☐ Master of Medical Ultrasound (ASAR accredited) (3 years part-time equivalent)

Application Closing Dates:

Semester 1: Friday 2 December 2005
  PLEASE NOTE: Ultrasound applications close 27 January 2006

Semester 2: Friday 2 June 2006 (Ultrasound and Radiographic Practice applicants ONLY. NOT applicable for Radiation Therapy applicants)

NB: Only after the closing date will applicants for the Master of Radiation Therapy be advised as to whether they have been successful in obtaining an interview in early January to further discuss their application for the course.

Each section of this form indicates which applicants are to complete that section. Please ensure that you complete ALL sections that are relevant to your application.

Send the completed form to:
School of Biomedical Sciences
Building 13C, Room CG11
Monash University, Victoria, 3800

Medical Ultrasound and Radiographic Practice

General Inquiries: Ms Carlaen Carter
Telephone: +61 3 9905 5165
Facsimile: +61 3 9905 9328
Email: ultrasound@med.monash.edu.au (GDMU only)  enquiries.radiography@med.monash.edu.au (MRP and MRT)

Radiation Therapy

Dr Joanne Waring
Telephone: +61 3 9905 9712
Facsimile: +61 3 9905 9328
Email: enquiries.radiography@med.monash.edu.au

Course Content Inquiries

Medical Ultrasound  Ms Tania Griffiths  Email: Tania.Griffiths@med.monash.edu.au
Radiation Therapy  Ms Caroline Wright  Email: Caroline.Wright@med.monash.edu.au
Radiographic Practice  Assoc Professor Marilyn Baird  Email: Marilyn.Baird@med.monash.edu.au

This is an application form only and does not constitute an enrolment for any course in the University or entitle an applicant to be classified as a student of the University. An applicant accepted for a course will be required to enrol by completing and lodging an official enrolment form. This will be sent to you with a formal letter of offer.
PART 1: PLEASE TYPE OR PRINT IN INK AND COMPLETE ALL SECTIONS (All applicants to complete)

Surname: _____________________________________ Title: _______
Given names: _________________________________ Date of Birth: ____________________
Postal Address: ______________________________________________________ Gender: Male / Female
______________________________________________________________________
Postcode: ________ Contact Telephone: BH_____________ AH______________ Mobile ________________
Email: ____________________________________________ FAX: BH/AH______________

A. Are you an Australian Citizen?                                Yes ■  No ■ If NO, please complete questions B & C
B. Are you a New Zealand Citizen?                     Yes ■  No ■
C. Are you a permanent resident of Australia?     Yes ■  No ■

SECONDARY EDUCATION RECORD (For example: VCE; HSC; Interstate Year 12; GCE “A” levels, IB)
Applicants for the Master of Radiation Therapy MUST complete this section.

Please provide a certified copy of your academic transcript/results)

<table>
<thead>
<tr>
<th>YEAR</th>
<th>SUBJECT</th>
<th>RESULT (Mark &amp; Grade)</th>
<th>YEAR</th>
<th>SUBJECT</th>
<th>RESULT (Mark &amp; Grade)</th>
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<tbody>
<tr>
<td></td>
<td>English (specify eg. ESL)</td>
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<td>Physics</td>
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<td>Mathematics (specify type eg. methods)</td>
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TERTIARY EDUCATION RECORD (All applicants to complete)

%(Please provide a certified copy of your academic transcript/results)

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<th>Name of Undergraduate Qualification</th>
<th>Name of University or other Institution</th>
<th>Year completed</th>
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<tr>
<th>Name of Postgraduate Qualification</th>
<th>Name of University or other Institution</th>
<th>Year completed</th>
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PROFESSIONAL Qualification/Accreditation RECORD (All Ultrasound and Radiographic Practice applicants)

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<tr>
<th>Name of Qualification/ Professional Body eg DMU Pt 1 ASUM; AIR; competence cert.</th>
<th>Category</th>
<th>Year granted</th>
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** You must supply documentation to confirm your accreditation. Certified copies will be accepted.
IMPORTANT: Where your studies have been taken at an educational institution other than Monash University, complete official statements of your academic record MUST accompany this application. Partially completed work, prior degrees or diplomas must also be included. Official transcripts are issued by University or College Student Records Departments. They are signed by senior officers of the institutions and are provided to students/graduates on request. Official results of individual subjects or copies of degree certificates are not substitutes for transcripts. Certified copies will also be accepted. Please DO NOT send originals as they will not be returned.

PART 2: Work experience since professional qualification (last 5 years) or which may be relevant to this application. (All applicants to complete).

1. Current Employment (if relevant)
   Date of commencement: .................................................................
   Level of appointment held: ..............................................................
   Employment Type: FT ■ PT ■ Continuing ■ Fixed-Term ■ Casual ■
   Employer: ....................................................................................
   Nature of Work and Responsibility:
   ......................................................................................................
   ......................................................................................................

2. Previous Employment (if relevant)
   Date of commencement: .................................................................
   Level of appointment held: ..............................................................
   Employment Type: FT ■ PT ■ Continuing ■ Fixed-Term ■ Casual ■
   Employer: ....................................................................................
   Nature of Work and Responsibility:
   ......................................................................................................
   ......................................................................................................

PART 3 English language proficiency (All INTERNATIONAL applicants to complete this section)

Important Note: The Master of Radiation Therapy is NOT available to international students. If you wish to study the Master/Diploma/Certificate in Medical Ultrasound or the Master in Radiographic Practice, you will need to do so from your country of residence as these are part-time courses offered by off-campus mode and visa regulations require you to be enrolled on a full-time basis. In your application, you will need to provide evidence that you are employed in a suitable training position and have appropriate supervision.

Was English the language of instruction in your previous studies? Yes ☐ No ☐
(You will need to provide certified evidence that English was the language of instruction)

Will you sit/have sat for an English language proficiency test? (for example TOEFL or IELTS)
Date taken / /
English Test name: ..............................................................................
Result (if known): .................................................................
(A test result certificate must be provided)
Other: .................................................................
Please provide details: ..............................................................................
(A test result certificate must be provided)

Please provide details of your visa status/code: .................................................................

Have you previously enrolled at Monash University? Yes ■ No ■
If YES, state student I.D. No: ..................................................
Part 4 ADVANCED STANDING/CREDIT FOR PREVIOUS STUDIES (*All applicants to complete, if required*)

Are you seeking Advanced Study/Credit for previous study?  Yes ☐  No ☐

*Please note:* Advanced standing/credit is NOT available for applicants for the Master of Radiation Therapy due to the course structure and specific requirements of the course.

You MUST provide a certified copy of results obtained from previous studies. You may be requested to provide a copy of the unit syllabuses at the time the studies were taken. The office will let you know if this is required.

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<tr>
<th>Advanced standing Monash unit applied for</th>
<th>Basis of advanced standing claimed</th>
<th>Office Use Only</th>
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<tbody>
<tr>
<td>Unit code</td>
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**Additional Notes:**
1. Applicants must not regard advanced standing as having been granted until they have received formal written notification from the university.
2. Advanced standing, if granted, will be applicable only for the course stated above and cannot be transferred to another course without further application.
3. Advanced standing applications will only be considered where it has been indicated on this form. Retrospective applications, that is, after the commencement of the course, will not be considered.

PART 5 Study Program (*All applicants to complete*)

Complete the Unit Code and Title and the Year and Semester in which you anticipate undertaking the studies. Please make sure that you have checked the semester offering for the unit as not all units are offered in semester 1 and 2 or over the summer semesters. Please refer to the relevant web page for course outlines.

**Medical Ultrasound**  

**Radiographic Practice**  

**Radiation Therapy**  
[http://www.med.monash.edu/radiography/postgrad/radiationtherapy.html](http://www.med.monash.edu/radiography/postgrad/radiationtherapy.html)

<table>
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<tr>
<th>Unit Code</th>
<th>Unit Title</th>
<th>Year</th>
<th>Semester</th>
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PART 5 Applicant Profile Section (To be completed by Radiation Therapy applicants only)

THE FOLLOWING QUESTIONS ARE DESIGNED TO ASCERTAIN YOUR LEVEL OF KNOWLEDGE ABOUT THE RADIATION THERAPY PROFESSION AND PROVIDE THE DEPARTMENT WITH INFORMATION CONCERNING YOUR MOTIVATION AND INTEREST LEVEL IN THE COURSE

On one sheet of paper, please attach your responses with at least 250 words for each question.

1. Why have you applied to become a radiation therapist?

2. Briefly discuss an aspect of radiation therapy practice that you find interesting and describe the role of the radiation therapist in relation to this aspect of practice.

3. What is your concept of the radiation oncology team, and the role of the radiation therapist in that team?

4. How would you describe your interpersonal skills when dealing with people? Please give some examples.

PART 6 Radiation Therapy Centre Visit (All Radiation Therapy applicants only)

Please note: It is compulsory to have completed a visit to a Radiation Therapy Centre in order to be considered for an interview for the Master of Radiation Therapy course.

RADIATION THERAPY CENTRE VISIT (Compulsory requirement)

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<th>Centre Attended</th>
<th>Date</th>
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PART 7 Examination Location (Ultrasound applicants only)

Please go to http://www.monash.edu.au/offcampus/offcampus-application-form-2006.pdf and select the number for the examination centre at which you wish to sit your examinations and enter it here.

PART 8 Exchange of name and address details (All applicants)

Do you consent to your name, contact telephone number and email address being provided to other off-campus learning students who live in your area and who are studying the same units? This will assist you in discussing important issues relating to the course, for support and to set up study groups.

Yes ☐ No ☐

Part 9 DECLARATION (All applicants)

DECLARATION:

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 if relevant information relating to my application and/or academic transcript may result in the withdrawal of an offer of a place in the course. I authorize 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.

The primary purpose for which the information is collected is to record the details of your application and for selection into the Master of Radiation Therapy 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.

Signature of Applicant: ………………………………………… Date: …………………

FOR OFFICE USE ONLY

Application Received: / / Offer Keyed: / /
Monash ID: Offer Sent: / /
Evidence of secondary results: YES ☐ NO ☐ Evidence of academic transcript: YES ☐ NO
Evidence of pre-requisites: YES ☐ NO ☐ Evidence of course completion: YES ☐ NO
Commencement Year: 200__ Semester ____ Interview offered: YES ☐ NO
☐ Full Offer ☐ Conditional Offer ☐ Pending ☐ Unsuccessful ☐ Ineligible
Course Convenor’s Signature: ………………………………………… Date: / /