



Clinical Visit Feedback Form

BSc (Hons) RADIOGRAPHY (DIAGNOSTIC IMAGING)

This form should be completed by the Radiographer in charge of the unit or area.

Applicant's name:.....

Applicant's UCAS Personal ID.....

Name of hospital visited:..... Date of visit:.....

Number of hours spent in the department:.....

Please indicate below which areas / specialities / procedures / techniques the applicant has seen during this visit:

- checkbox general radiography, checkbox accident and emergency radiography, checkbox fluoroscopy, checkbox angiography, checkbox CT, checkbox ultrasound, checkbox MRI, checkbox nuclear medicine

Other:.....

Please consider the suitability of this applicant for a career in Radiography:

Table with 4 columns: Attribute, Very good, Acceptable, Poor. Rows include Punctuality, Personal presentation, Professional manner, Evidence of background reading, Apparent interest during visit.

Other comments:.....

Radiographer's signature:

Radiographer's name (PLEASE PRINT):

Radiographer's position:.....

Please return this form to the applicant once completed. Thank you for your time. Note to applicant: please return this form to the address listed above. It is recommended you keep a copy of this form for your own records.