

## 2009 Bachelor of Radiography and Medical Imaging Application

### Monash Course Transfer Applicants Only

<b>Instructions:</b>
<ul style="list-style-type: none"> <li>When you complete and submit this application form to the Selection Officer, you will need to include a Course Transfer Application form that you have completed and signed (<a href="http://www.adm.monash.edu.au/service-centre/forms/">http://www.adm.monash.edu.au/service-centre/forms/</a>)</li> <li>It is up to you to demonstrate that you meet all of the pre-requisite studies at either the secondary or tertiary level.</li> <li>Transcripts of your results from Monash do <b>NOT</b> need to be provided.</li> <li>If your contact details change after the lodgment of this form, you will need to notify the Selection Officer.</li> <li>It is important that you complete all details, questions and sign this form.</li> <li>If you are successful in the academic and application components of selection, you will receive a letter in December 2008 inviting you to attend an interview on either <b>5 or 6 January 2009</b>. You need to ensure that you are available to attend this interview.</li> <li>If you are an international student visa holder, you will also need to apply for this course through International Recruitment Services (<a href="http://www.monash.edu/study/international/">http://www.monash.edu/study/international/</a>).</li> <li>The School of Biomedical Sciences can be contacted for enquiries or general information on 9905 1212 or by email at <a href="mailto:enquiries.radiography@med.monash.edu.au">enquiries.radiography@med.monash.edu.au</a></li> <li>All applicants must return this form by <b>21 November 2008</b> to:</li> </ul> <p><b>VTAC Selection Officer – Radiography and Medical Imaging</b>  <b>School of Biomedical Sciences</b>  <b>Building 13C, (Room CG11)</b>  <b>Monash University VIC 3800</b></p>

<b>Personal Details</b>	
Title	Surname
Given Names	
Sex      M   O      F   O	Date of Birth   /   /
Preferred email address:	

<b>Current Monash Course Details</b>	
Monash Student ID	
Course Title	Course Code

Have you applied for this course previously?	YES/NO	What Year

<b>Postal Address for Correspondence</b>	
Address	
Suburb	State
Country	Postcode
Phone (AH)	Phone (BH)
Mobile Number	Fax

<b>Secondary Education completed (please provide a certified copy of your ENTER and subject results)</b>		
Qualification (for example: VCE)		
Year Obtained	ENTER Score	State
School		

**TO BE COMPLETED BY ALL APPLICANTS**

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

1. Why have you applied for the Bachelor of Radiography and Medical Imaging?
2. Briefly discuss a medical imaging modality that you find interesting and describe the role of the radiographer in relation to this modality.
3. Radiographers 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 imaging 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 radiographer.
4. How would you describe your interpersonal skills when dealing with people? Please provide some 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 radiographer. (Maximum 200 words). Please attach documentation to support your statement

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 withdrawal 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.

The primary purpose for which the information is collected is to record the details of your application and 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 any exceptions in relevant legislation. The University's statement on privacy is available at [www.privacy.monash.edu.au](http://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.

Applicant's Signature

Date / /