



# APPLICATION TO ENROL IN THE ASUM DIPLOMA OF DIAGNOSTIC ULTRASOUND (DDU) and MODULE 1 ASSESSMENT

### Before completing your application, please read the following:

- This form is to be completed by candidates who are applying to enrol in the DDU for the first time.
- Applications will only be accepted from ASUM members, or with Membership Applications attached to this application form.
- To enrol in the DDU candidates must provide certified evidence that they meet the entry requirements as outlined in Clause 2 of the DDU Regulations.
- **Nomination of Clinical Supervisor Form**: Candidates must nominate a Primary Clinical Supervisor, prior to undertaking Module 2, preferably at the time of enrolment into the DDU. Please refer to the DDU Supervisor Handbook available on the ASUM DDU website for further information.
- Application forms: Use only current application forms. Ensure they are completed, signed, dated and that all documents are attached. Incomplete or late applications will not be processed. Faxed/emailed applications will not be accepted.
- Photocopies: Ensure that all copies are A4 size, irrespective of the size of the original document.
- Certified Copies of Documents: Copies of official documents (e.g. certificates, letters from your college, passports and Visas) provided in support of your application must be signed and dated by a Justice of the Peace or a registered professional (e.g. currently registered Doctor or Nurse) i.e. "I hereby certify that this is a true copy of the original document, which I have sighted" followed by the person's signature, profession, registration number and date. Please do not include original academic qualifications.
- ASUM Membership: All candidates for the DDU must be financial ASUM Full Medical members at the time of application for enrolment and maintain membership until their Diploma is granted or until they withdraw.
- **Legal Name:** Diplomas will only be issued in the legal name of the candidate. DDU candidates may be required to provide evidence of their legal names.
- Assessment Fees: Payable in Australian dollars only by cheque, bank draft, money order or credit card (MasterCard or VISA). GST is applicable to candidates resident in Australia or sitting an assessment in Australia.
- Regulations: Candidates must read and familiarise themselves with the DDU Regulations available on
  the ASUM website. By signing this application form the candidate agrees to having read and understood
  the DDU Regulations and agrees to abide by these Regulations. The DDU Regulations and assessment
  requirements are subject to change. All enrolled candidates will be advised of any changes relating to the
  ASUM DDU.
- Academic Calendar: Candidates must read and familiarise themselves with the Academic Calendar as late applications and submissions will not be accepted.
- **Email:** ASUM will communicate with candidates via their nominated email address. All candidates must provide a correct current email address with their application to enrol. It is the candidate's responsibility to regularly check this email address for DDU correspondence.
- Incomplete Applications: Please ensure that all the relevant certified documentation is attached to your application and that you have completed all parts of the application form. It is the responsibility of the candidate to ensure correct completed application forms reach the ASUM office by the advertised closing date. Incomplete applications will not be processed. Faxed and emailed applications will not be accepted.
- Advanced Standing/RPL: Candidates requesting exemption from some requirements of the DDU must also complete the 'Application for Advanced Standing' form and attach it to this application. This form is only available by written request to DDU@asum.com.au
- **Check-list**: to ensure that all relevant certified documentation is attached to your application, please complete the check-list on the last page of the application form.





## Application for consideration for admission to the DIPLOMA OF DIAGNOSTIC ULTRASOUND (DDU) AND MODULE 1 ASSESSMENT

1.	Title:	Given Names:			
2.	Surname:				
3.	Mailing Address:				
	State or Country:		Postcode:		
4.	Home Tel: (	) Work Tel: (	)		
	Mobile Tel: (	) Fax No: (			
5.	Email:				
6.	I wish to enrol in th	ne DDU Specialty of : 🔲 Cardiology 🛭	Critical Care Emergency		
		General	☐ O&G ☐ Vascular		
7.	Specialist Trainin	g (attached certified evidence):			
	I am a <b>Fellow</b> o	of (which College):			
	OR				
	I am a <b>Registrar</b> in Advanced Training with (which College):				
	OR				
	I am applying under Clause 2.3.c of the DDU regulations and have attached supporting evidence.				
8.	Residency Status:				
9.	I wish to:				
	Transl in the Diplome of Disconnectic Ultracound \$720.00 (\$672.00 av. CCT)				
	✓ Enrol in the Diploma of Diagnostic Ultrasound \$739.00 (\$672.00 ex. GST)				
	AND				
	Register for the <b>DDU MODULE 1 Online Assessment \$739.00</b> (\$672.00 ex. GST) and sit				
	in	_			
November 2014 May 2015					
All	fees are in Australian Dolla	ars. GST is applicable to candidates resident in Australia o	r sitting an assessment in Australia.		
<b>10. Payment:</b> On payment, this form becomes a tax invoice. Please retain a copy for your records ASUM ABN 64 001 679 161					
	MasterCard VISA Cheque (Australian Bank ONLY – Made Payable to ASUM)				
	Card Holder's Na	ame:	Expiry Date:		
	Card Holder's Si	gnature:	Total: \$AU:		





### **PRIVACY STATEMENT**

The information requested in this application form is being collected by the Australasian Society for Ultrasound in Medicine (ASUM) to process your enrolment in the DDU. This information will be supplied to the relevant administrative areas. Any statistical or other data collected for admission and enrolment will be retained for administrative and academic purposes. The supply of this information by you is voluntary, however, if you do not supply all the requested information we may not be able to process your enrolment. Changes to personal information must be submitted in writing to DDU@asum.com.au.

#### **Candidate Declaration**

**CROWS NEST NSW 1585** 

I understand that ASUM may need to verify the accuracy of information supplied and ASUM may exchange data with other institutions for this purpose.

I agree that all materials provided by me for the purposes of assessment (including but not restricted to Case Studies) become the property of ASUM and may be used for the purpose of training DDU Examiners. These materials will not be used for any other purpose except with the express permission of the candidate.

I also understand that ASUM will communicate with me electronically and that it is my responsibility to regularly check my nominated email address.

I declare that the details I have provided are true and correct. I have read and understand the information provided to me in the DDU Regulations. I hereby undertake to comply with all the conditions set out in the DDU Regulations and understand that these are subject to change.

Signature:	Date:			
CHECKLIST:				
	Certified copy of your Passport identification page and if not a Citizen of but undertaking the DDU in Australia or New Zealand Certified evidence of your current VISA.			
Certified copy of your Fellow	Certified copy of your Fellowship Certificate <b>OR</b>			
Certified evidence from your College that you in the Advanced Training of a specialist training program <b>and</b> a letter from your employer stating that you have been employed as a Registrar (original or certified copy). <b>OR</b>				
Certified evidence that you are eligible to enrol in the DDU under Clause 2.3.c of the DDU Regulations.				
ASUM Membership Applica	tion form OR	I am a current financial member of ASUM		
time of enrolment however	Nomination of Clinical Supervisor Form (available on the ASUM DDU Website). This is optional at time of enrolment however you will not be eligible to commence Module 2 until your nominated Primary Clinical Supervisor has been approved by the DDU Board of Examiners.			
Please send your application prior DDU Coordinator ASUM PO Box 943	or to the advertised clos	sing date by <b>POST ONLY</b> to:		

07/14

Please allow 4-6 weeks to process your application. Full payment MUST be provided with this application form. Applications must be complete and received at the ASUM office prior to the closing date. Late applications will not be processed.