



MSc Ultrasound 2017/2018

Declaration of Clinical Placement

Applicant's Name: _____

Hospital Name & Address: _____

I confirm that the above applicant is guaranteed to obtain a minimum of 1000 hours clinical experience whilst undertaking the Masters in Ultrasound Programme. I also confirm that there will be a named clinical supervisor (_____) assigned for the duration of the Programme.

Applicant's Signature: _____ **Date:** _____

Clinical Manager's Signature: _____ **Date:** _____

Clinical Supervisor's Signature: _____ **Date:** _____