

Radiography & Diagnostic Imaging

UCD School of Medicine

Pre-course requirement for UCD

Graduate Diploma Medical Imaging Programme

|  |  |
| --- | --- |
| **Applicant Name** |  |
| **Contact email** |  |

In order to fulfill the pre-course requirements for the Graduate Diploma Medical Imaging Programme in UCD, students are required to have completed the following:

* Module Selection
* Personal Statement
* Signature of sponsor /person or organisation paying the fees (if not self-funded)

**Course Administrator:** Radiography & Diagnostic Imaging Administration Office,

Graduate Taught Programmes

Room A222,

School of Medicine,

University College Dublin,

Belfield,

Dublin 4.

**Email:**  [graduate.imaging@ucd.ie](mailto:graduate.imaging@ucd.ie)

**ALL SECTIONS OF THIS DOCUMENT MUST BE COMPLETED APART FROM THE PAGE WHICH REQUIRES SIGNATURES. PLEASE ENSURE YOUR EMPLOYER / FINANCIAL SPONSOR HAS READ OVER THIS DOCUMENT AND AGREES TO ALL TERMS BEFORE SIGNING.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Students should tick the modules which they wish to study below**  **\**Please note that this is a planning phase. The programme director will decide if the proposed study pathway is acceptable and if the modules listed below are available in the current academic year. An alternative pathway may be suggested by the programme director.*** | | | | **Tick Here** | |
|  | **Module and Module Code** | **Trimester** |  | |
| 1 | Technology of Ultrasound 1  **Module Code RDGY 40010**  *Blended Learning attendance during teaching blocks required* | Autumn Trimester  10 Credits |  | |
| 2 | Technology of Computed Tomography 1  **Module Code RDGY 40590**  *Blended Learning attendance during teaching blocks required* | Autumn Trimester  10 Credits |  | |
| 3 | Technology of MRI 1  **Module Code RDGY 40520**  *Face-to-face sessions* | Autumn Trimester  10 Credits |  | |
| 4 | Cross Sectional Anatomy  **Module Code RDGY 41220**  *Online* | Two offerings available:   * Autumn Trimester 5 Credits   or   * Spring Trimester 5 Credits |  | |
| 5 | Radiation Safety  **Module Code RDGY 40900**  *Online* | Two offerings available:   * Autumn Trimester 10 Credits   or   * Spring Trimester 10 Credits |  | |
| 6 | DEXA Imaging  **Module Code RDGY 41050**  *Online* | Spring Trimester  10 Credits |  | |
| 7 | Technology of Ultrasound 2  **Module Code RDGY 40020**  *Blended Learning attendance during teaching blocks required* | Spring Trimester  10 Credits |  | |
| 8 | Technology of Computed Tomography 2  **Module Code RDGY 40610**  *Blended Learning attendance during teaching blocks required* | Spring Trimester  10 Credits |  | |
| 9 | Technology of MRI 2  **Module Code RDGY 40540**  *Face-to-face sessions* | Spring Trimester  10 Credits |  | |
| 10 | Management Principles  **Module Code RDGY41660**  *Blended of online learning with face-to-face sessions* | Autumn Trimester  5 Credits |  | |
| 11 | Patient Care and Interventional Procedures  **Module Code RDGY41250**  *Online* | Spring Trimester  10 Credits |  | |
| 12 | Technology of Interventional Radiology  **Module Code RDGY 41260**  *Online* | Autumn Trimester  5 Credits |  | |

Students can take a maximum of **40 ECTS** credits per Trimester.

Total credits for the programme are **60 ECTS**

Please use the space below to reflect on your experience in the Diagnostic Imaging Department. You should provide a brief summary of why you wish to study to Grad Diploma level, what you hope to achieve by completing the course and any problems/difficulties you may encounter during your studies. Maximum 250 words.

|  |
| --- |
|  |

Please provide email contact details of two referees who can comment on your suitability for the course, motivation and ability to study.

**Referee 1**

Email address: …………………………………………………………

Capacity in which the referee is known to the applicant……………………………………………………..

**Referee 2**

Email address: ……………………………………………………….

Capacity in which the referee is known to the applicant.

…………………………………………………………………………….

1. Complete here if you are **a sponsored student**:

I confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student name in block capitals) fees for the Grad Diploma Medical Imaging Programme will be paid by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of the funding body in block capitals).

Fee details can be found at this link. <https://www.ucd.ie/students/fees/index.html>

Your signature below supports the above statement.

|  |  |
| --- | --- |
| Applicant name (in block capitals) |  |
| Signature |  |
| Date (DD/MM/YY) |  |
|  |  |
|  |  |
| Sponsor/Organisation responsible for paying fees (in block capitals) |  |
| Signature |  |
| Date (DD/MM/YY) |  |

1. Complete here if you are **self-funded:**

I confirm that I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (applicant’s name in block capitals) will cover my own tuition fees for the Grad Diploma Medical Imaging Programme

Fee details can be found at this link. <https://www.ucd.ie/students/fees/index.html>

Your signature below supports the above statement.

|  |  |
| --- | --- |
| Signature |  |
| Date (DD/MM/YY) |  |