**PRE-COURSE MR CLINICAL EXPERIENCE DECLARATION FORM**

To be completed & returned by the start date of the MSc / Grad Dip MRI programmes.

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| **Programme Applicant’s Details:** | |
| **Name** |  |
| **Home Address** |  |
| **Employment**  **Address** |  |
| **Phone Number** |  |
| **E-mail Address** |  |
| **Programme Title** | Please place a tick after the appropriate option:   * Graduate Diploma in MRI * Taught MSc in MRI |
| **Duration of Pre-course Experience in MRI** |  |
| **Scope of Pre-course Experience in MRI**  Please continue on next page | Please include the following information:   * Details of the MR scanner that you work with. * Approx. number of patients scanned per day in your department. * Types of MR examinations undertaken, e.g., neurological (brain / spine), musculoskeletal, liver, pelvis, MR Angiography, cardiac etc. * Contribution, where relevant, to education & training, protocol development, research and/or other responsibilities in your MR department. |

**PRE-COURSE CLINICAL EXPERIENCE DECLARATION FORM**

**(continued)**

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| **Scope of Pre-course Experience in MRI**  Continued from previous page |  |

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_