

Diagnostic CT for Molecular Imaging Course

Candidate Application Form



➔ CANDIDATE DETAILS

Name:

Postal address:

..... Post Code:

Email address:

Mobile Number:

Qualification in Nuclear Medicine Technology:

University: Year:

I am a current member of the VSNMT: **YES** **NO**

Why are you interested in applying for this course?

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.....
.....

We are intending to run one more course after this intake – would you rather complete the course now or at a future date? Why?

.....
.....
.....

This form must be completed along with the Candidate's Employer form and the Clinical CT Supervisor form.

Completed forms should be scanned with the copies sent via email to ctadmin@vsnmt.com.au

➔ PROPOSED TRAINING SITE DETAILS

Name of organisation: Site if applicable:

Street address:

..... Post Code:

Name of Clinical CT Supervisor:

➔ CANDIDATE'S DECLARATION

I have read the VSNMT Diagnostic CT for Molecular Imaging Course Information Book. I understand the course must be completed within sixteen weeks including a three week clinical placement.

I further understand that acceptance into this course is subject to approval by the VSNMT of my clinical supervisor and site of clinical training.

Signature:

Date:

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