**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.
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**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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_