

## 2010 Bachelor of Radiography and Medical Imaging Application

### *Monash Internal Course Transfer Applicants Only*

#### Instructions:

- When you complete and submit this application form the Selection Officer, you will need to include a Course Transfer Application form that you have completed and signed (<http://www.adm.monash.edu.au/service-centre/forms/>)
- It is up to you to demonstrate that you meet all the pre requisites studies at either the secondary or tertiary level
- Transcripts of your results from Monash do NOT need to be provided
- If your contact details change after the lodgement of this form, you will need to notify the Selection Officer
- It is important that you complete all details, questions and sign this form
- If you are successful in the academic and application components of selection, you will receive a letter in November 2009 inviting you to attend an interview on **8 and 9 December 2009**. You need to ensure that you are available to attend this interview. Interviews will not be rescheduled.
- If you are an international student visa holder, you will also need to apply for this course through International Recruitment Services (<http://www.monash.edu/study/international/>).
- The School of Biomedical Sciences can be contacted for enquiries or general information on 9905 1212 or by email at [enquires.radiography@med.monash.edu.au](mailto:enquires.radiography@med.monash.edu.au)
- All applicants must return this form with their Internal Transfer application by **31 October 2009** to:

**VTAC Selection Officer – Radiography and Medical Imaging**  
**School of Biomedical sciences**  
**Building 13C, Room CG11**  
**Monash University VIC 3800**

#### Current Monash Course Details

Monash Student ID:

Course Code:

Course Title:

#### Personal Details

Title

Surname

Given names

Sex:  Male  Female

Date of Birth:

Preferred email address:

#### Postal Address for correspondence

Address:

Suburb:

State:

Country:

Postcode:

Phone (AH):

Phone (BH):

Mobile Number:

Fax:

Have you applied for this course previously?  Yes  No What Year:

**Secondary Education (Please provide a CERTIFIED copy of your ENTER and study scores)**

Qualifications (for example: VCE):

Year Obtained: ENTER Score: State:

School:

**TO BE COMPLETED BY ALL APPLICANTS**

**Please answer the following questions on a separate sheet of paper (maximum of 200 words each) and attach it to this form.**

1. What are the reason for choosing to apply for then Bachelor of Radiography and Medical imaging at Monash University?
2. Radiographers need to interact with patients often at times when they may be stressed, unwell or in pain. They therefore need well developed communication and interpersonal skills. Briefly outline your approach to dealing with people, and what in your opinion are some important elements of good communication. Give examples from your personal experience.
3. Radiographers need to be able to work independently, as well as in cooperative health professional teams. Please provide examples of your experience at working in teams or groups, including any leadership roles. List some factors that can contribute to effective group dynamics within teams.
4. We are interested in any other information which may be relevant to your application (e.g. related work experience, clinical site visits, volunteer work, club membership, personal or family experience within the health care system). Please provide any further information which you would like us to consider in processing your application. If you visited a clinical site, please provide details.

I declare that the information supplied on this form and the information given in support of my application is correct and complete. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application and/or academic transcript may result in the withdrawal of an offer of a place in the course. I authorize Monash University to obtain official student records from any educational institution to make an informed decision about the application. I agree to abide by the statutes and regulations of Monash University.

The primary purpose for which the information is collected is to record the details of your application and for selection into the Bachelor of Radiography and Medical Imaging course. If you choose not to answer all the questions on this form, it may not be possible for the Department of Medical Imaging and Radiation Sciences to assess your application. You have a right to access personal information that Monash University holds about you, subject to any exceptions in relevant legislation. The University's statement on privacy is available at [www.privacy.monash.edu.au](http://www.privacy.monash.edu.au). Should you wish to seek access to your personal information or enquire about the handling of your personal information, please contact the University Privacy Officer on 9905 6011.

Applicant's Signature

Date: / /