**Ultrasound Clinical Placement Form**

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| **Name of applicant** |  | **Date** |
| **Relevant qualification(s) and date(s) completed** |  |
| **Current registration or professional body (HCPC, NMC, GMC, SVT, IPEM, other)** |  |
| **Name & address of the ultrasound clinical placement(s)** |
| **Type of institution/s**: e.g. DGH, University, Teaching, Private, Other (please state) |
| **Clinical areas to be studied (Indicate those which are appropriate “X” )** |
| General Medical |  | 3rd trimester only |  | MSK (upper limb only) |  | Lower Limb Arterial |  |
| Obstetrics (all trimesters) |  | EPAU (only) |  | MSK (lower limb only) |  | Lower Limb Venous Insufficiency |  |
| Gynaecology |  | Baby hips |  | MSK (groin, lumps and bumps only) |  | Haemodialysis Access |  |
| 1st trimester only |  | Carotid only |  | Testes |  | Head and Neck |  |
| 2nd trimester only |  | Lower Limb DVT only |  | Thyroid |  |  |  |
| Other |
| **Please indicate the caseload relevant to the subspecialty studied (approximate number of cases per month)** |
| **Staff Involved in Teaching** |
| Role (e.g. sonographer, radiologists, obstetrician, physiotherapist, nurse, midwife) | Years of relevant ultrasound experience |
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| **Ultrasound equipment. Please indicate the number of ultrasound machines and date of commissioning.** |
| 1. | 3. |
| 2. | 4. |
| **Other learning resources (library, MDT meetings, CPD, local and national meeting, ….)** |
| **Has your department previously been involved in training ultrasound practitioners?** | YES / NO |
| If yes, please specify training organisation, e.g. in-house or name of external educational institution. |
| **Are you currently training any students within your ultrasound department?** | YES / NO |
| If yes, please indicate how many students |
| **Will your department be able to provide the UWE Bristol student with a minimum of 15 hrs a week supervised “hands on” clinical based training as required by UWE Bristol ultrasound professional practice module?** | YES / NO |
| **Appraisers:** Please supply the name of the member(s) of staff willing to act as your supervisor and assessor. Please provide details of their ultrasound experience and qualifications: |
| Principal appraiserName:Qualifications:e-mail:Contact number: | Principal appraiser’s supporting statement*I agree to act as a supervisor and assessor for the student and to attend the UWE appraisers’ training day.* Signature:  |
| Second appraiser Name:Qualifications:e-mail:Contact number: |
| **Managerial support:** This section below is to be completed by the departmental manager.I understand that in order for the student to be accepted on this programme protected supervised scanning must be guaranteed. During this time the student will gain a minimum of 2 days “hands on” ultrasound experience and receive appropriate tuition and supervision from experienced sonographers.   |
| **Name:** **Position:** **Signature:** | **Email:** **Contact number:** **Date:**  |
| Please include any other information you think is relevant for the University to determine the suitability of your clinical placement and supervisor for your training and assessment: |
| **Student declaration**I certify that the above information is true and complete to the best of my knowledge. Student Signature:  |
| **Once completed, please upload the document to your online application.** |