

BP148

Bachelor of Applied Science (Medical Radiations)

School of Medical Sciences

Pre-selection kit
for international students

This form must be completed by international students only. Australian or New Zealand citizens/ Permanent residents of Australia or Permanent Humanitarian Visa holders must apply through RMIT Admissions, **www.rmit.edu.au/programs/apply**.

Section 1: Applicant information

Student /Applicant ID (if known)

Title Family Name

Given Name

Date of Birth

Email

Section 2: How to Apply

1. Check the programs and fees website to ensure this program is offered for your preferred intake:
<https://www.international.rmit.edu.au/info/programfees.asp>
2. Check the program academic and extra requirements at: www.rmit.edu.au/programs/BP148
3. Complete this pre-selection kit and upload it with your online application or via your iApply Applicant Portal:
<https://iapply.rmit.edu.au>

Section 3: Further information

Contact: Selection Officer, Medical Radiations
Telephone: +61 3 9925 7075
Email: **medicallsciences@rmit.edu.au**

Section 4: Applicant Statement

1. Why do you wish to study your selected stream of medical radiations? (i.e. Nuclear Medicine / Radiation Therapy / Medical Imaging).

2. Medical Radiations practitioners are required to work as part of a multidisciplinary healthcare team in the clinical setting. This requires strong interpersonal and communication skills.

How would you describe your interpersonal skills when dealing with people?

Please provide some personal examples.

3. Discuss any other information that you believe is relevant to your application, including personal strengths and attributes or work experience in a clinical setting.

Discuss how the information that you have provided may enable you to contribute as student in this program, and as a future Medical Radiations professional.

A large, empty rectangular box with a thin black border, intended for the applicant to provide their response to the question above. The box is currently blank.

Section 5: Inherent requirements

Inherent requirements for consideration by students wishing to study Medical Radiations

The information below is suggested for potential applicants to consider prior to entering a Medical Radiations (Nuclear Medicine, Radiation Therapy or Medical Imaging) course. It is also suggested that potential students undertake a workplace visit to ensure that they understand and are suited to the demands/requirements of the profession.

Clinical practice and/or clinical laboratories during the medical radiation programs require students to:

- be involved in encounters where they must physically interact with patients and/or other students coming from a range of ethnic, age, gender and disability backgrounds.
- be involved in patient encounters where patients may be severely injured or at the end stage of terminal illnesses.
- work in environments which may be highly stressful.
- be physically capable of independently lifting and moving patients and equipment.
- have eyesight that enables them to visualise detail within medical images.

Clinical placement

As part of their studies in this course students undertake clinical placements at regional or interstate sites and across both inner and outer suburban areas in and around Melbourne. All arrangements and costs associated with travel, living and accommodation expenses are the responsibility of the student. The discipline will allocate students to clinical sites.

Students in this course are required to fulfil a number of pre-clinical placement requirements, including a Working with Children Check, a Criminal Record Check, first aid and manual handling training and other requirements. All arrangements and costs associated with these requirements are the responsibility of the student.

Successful applicants who do not complete the pre-clinical requirements may be unable to complete the course.

Uniforms

All students are required to purchase the RMIT Medical Radiations student uniform and wear this while on clinical placement. The RMIT Medical Radiations shirt must be worn with black trousers and flat enclosed black work shoes to satisfy Occupational Health and Safety and Infection Control requirements.

Section 6: Privacy statement and applicant declaration

Privacy statement

RMIT University is providing you with this statement because RMIT University is seeking personal information about you in this form to fully and properly assess your application for study and administer any subsequent enrolment in accordance with its policies and procedures.

The information you provide on this form and during enrolment may be made available to the Australian Government, State Agencies and other designated authorities under the *ESOS Act 2000*, *ESOS Regulations 2001* and the National Code.

Information about you can be disclosed without consent where authorised or required by law.

RMIT University's policies require that the information on this form be supplied. Please note that failure to do so, or to supply only part of it, may result in your application being unable to be considered. In addition, any offer of a place may be revoked and enrolment cancelled if the information supplied is incomplete, false or misleading.

RMIT University collects, uses and destroys my information in accordance with RMIT University's Privacy Policy www.rmit.edu.au/privacy.

Applicant declaration

Please read and sign the following applicant certification. This application is not valid unless signed and dated. If you are signing this application on behalf of the applicant, a certified copy of your authority to act on their behalf must be attached.

I declare that to the best of my knowledge, the information supplied in this form and any supporting documentation or materials is correct and complete. I acknowledge that the provision of incorrect or incomplete information or documentation or the withholding of information or documentation relating to my application may result in the cancellation of any offer or enrolment by RMIT University. I confirm that I have read and understood the application and accept the conditions of the application. I further understand that submission of an application to RMIT University does not guarantee the offer of a place. I authorise RMIT University to obtain, where necessary, further information regarding this application from other relevant bodies.

I agree that:

- I have read and understood the privacy statement and accept its conditions
- I will be bound by the statutes, regulations, standards of conduct and policies of the University as amended from time to time
- I consent to receiving information electronically from the University.

I certify that:

- the information supplied regarding my application is correct
- my response to questions and any work submitted as part of my application are my own original work
- the submission of incorrect or incomplete information may result in the withdrawal of any offer and/or cancellation of enrolment at any stage
- it is my responsibility to provide all relevant and required documentary evidence of my qualification/s.

I authorise RMIT University to:

- obtain further information with respect to my application from other organisations
- provide information to government, educational, health and other relevant institutions, in the processing of, or in conjunction with, my application.

Signed:

Date

Bachelor of Applied Science (Medical Radiations)

RMIT code: BP148

VTAC codes: Nuclear medicine 3200231081/3, Radiation therapy 3200231111/3, Medical imaging 3200231091/3

If you visit a nuclear medicine, radiation therapy imaging and/or medical imaging site, please complete the following and arrange for the staff member who conducts the site visit to sign the form. If you visit more than one area of medical radiations at the same centre, please have all staff members sign the form.

Upload a scanned copy of your completed Site visits form to your online selection task at: <https://rmit.service-now.com/rmit-apply>

Applicant name:

Clinical centre visited:

Nuclear medicine

Radiation therapy

Medical imaging

Staff member who conducted visit:

Name

Position (e.g. title, grade, year)

Signature

Date

Applicant name:

Clinical centre visited:

Nuclear medicine

Radiation therapy

Medical imaging

Staff member who conducted visit:

Name

Position (e.g. title, grade, year)

Signature

Date

Applicant name:

Clinical centre visited:

Nuclear medicine

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Date