

Diagnostic CT for Molecular Imaging Course

Candidate Application Form – Please complete using black pen

Candidate Details

Name:

Postal address: Postcode:

Email address:

Phone number:

Qualification in Nuclear Medicine Technology:

University: Year:

Do you need to complete the online CT entry assessment? YES/NO

I have completed the online CT entry assessment YES/NO

I am a current member of the VSNMT/ I am not a current member of the VSNMT

I prefer to attend the practical session on:

Saturday 25 February/Tuesday 28 February (delete date that does not apply)

Proposed Training Site Details

Name of Organisation:

Street address Postcode:

Name of Clinical CT Supervisor:

Candidate's Declaration

I have read the Introductory Information on the VSNMT website about the VSNMT **Diagnostic CT for Molecular Imaging** Course and acknowledge that I understand the requirements of this course.

I understand the course must be completed within 16 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:

This form must be completed along with the Candidate's Employer form and the Clinical CT Supervisor form. Completed forms should be scanned and the copies plus a certified copy of your degree sent via email to:

CTAdmin@vsnm.com