**Evidence of Support for**

**Post Graduate Study in Medical Ultrasound**

**Completed forms to be forwarded to Postgraduate Programme Lead, prior to commencement of the programme:** Elaine.Gardiner@gcu.ac.uk

**Section 1:** To be completed by the Applicant

|  |  |
| --- | --- |
| **Applicant Details** | |
| Name: |  |
| Contact Email: |  |
| Contact Phone number: |  |
| Profession: |  |

|  |  |
| --- | --- |
| **Award Pathway** | |
| Masters in Medical Ultrasound (MSc) |  |
| Postgraduate Diploma in Medical Ultrasound (PgD) |  |
| Postgraduate Certificate in Medical Ultrasound (PgC) |  |

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| --- | --- |
| **Field Of Practice** | |
| General Medical Ultrasound |  |
| Obstetric and Gynaecological Ultrasound |  |
| Defined Area of Ultrasound Practice *(please give additional info below e.g MSK, Vascular)* |  |
| Other *(please give additional information below)* |  |
| Details of area of practice / Clinical use of ultrasound: | |

**Section 2:** To be completed by the Placement Unit Manager/Lead Sonographer

The Clinical Skills Placement must undertake medical ultrasound examinations that reflect the current evidence and are appropriate to the student’s academic and clinical needs. It will provide protected student learning time where an appropriate and sufficient range of relevant clinical practice opportunities and fit-for-purpose equipment will be made available. Students must always be supervised by a dedicated Practice Educator or Mentor.

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| **Placement Unit Manager / Lead Sonographer** |
| Name: |
| Contact email: |
| Name of Unit/Hospital: |
| Date: |

**Section 3:** To be completed by the Mentor

A named Mentor is required to work closely with the student, facilitating the clinical training and ensuring that learning outcomes & competencies are achieved. Mentors must be involved in Ultrasound practice relevant to area of study, and be able to evidence on-going continuing professional development. The Mentor need not supervise the student during all placements time, and may be external to the placement unit.

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| **Mentor** | |
| Name: |  |
| Contact email: |  |
| Contact Phone number: |  |
| Place of Practice: |  |
|  | |

**Section 4:** To be completed by the Line Manager/Sponsor

**CONTRACTUAL AGREEMENT**

Please tick all the boxes below, as consent of the required support for this student’s application. GCU may terminate study should any of these requirements not continue to be fulfilled.

|  |  |
| --- | --- |
|  | I confirm the student will be able to attend all academic classes and exams as directed by the University |
|  | I confirm that we shall secure the necessary clinical skills training of the required standard within the students place of employment or at another similar unit, for the duration of the learning period:  • Gen Med / Obs & Gyn – minimum of 14 hours per week  • MSK / Other Advanced Practice – regular access to develop competence |
|  | I agree to allocate, appropriate to student individual needs, mentor-ship & study time out with of contracted clinical practice to support the student in all study areas related to clinical practice and assessment |
|  | I agree to meet the travel / subsistence costs for a university appointed assessor to carry out the final clinical assessment or assessments\*  *\*This does not apply to student placements local to the university* |

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| **Line Manager / Sponsor** |
| Name: |
| Contact email: |
| Name of Unit/Hospital: |
| Date: |

**GCU Use Only**

***Received on:***

***Study commenced on:***

***Mentor Training attended on:***

***Notes:***