

**Application to Musculoskeletal Ultrasound – CHECKLIST**

**\*\*\*It's mandatory for you to complete this form in full as part of your application. Once you have completed the form, please upload this to your myApplication portal.\*\*\***

Additionally, please ensure you include all of the following information in your application:

- A personal statement explaining motivations for studying this course, and the clinical skills and experience you will bring
- An up-to-date CV
- Copies of all qualifications that are relevant to your application

**Section 1: Applicant details**

Full name:

Brunel ID number:

Professional registration body:

Professional registration number:

**Section 2: Clinical Supervisor**

Please provide the name, professional role title (e.g. job title) and employment organisation of an appropriately qualified clinical supervisor who will be supporting you to complete this course successfully (details found [here](#)).

Clinical supervisor name:

Clinical supervisor professional role title:

Clinical supervisor employment organisation:

**Section 3: Clinical governance arrangements**

Please confirm you will be working in a clinical environment where the clinical governance arrangements are in place to support the use of diagnostic ultrasonography by putting a cross in either the 'Yes' or 'No' box.

Yes No

**Section 4: Criminal record check**

Please confirm that you hold a current and valid Disclosure and Barring Service (DBS) criminal record check, or that you would be able to obtain one prior to joining this course, by putting a cross in either the 'Yes' or 'No' box.

Yes

No