## PROSPECTIVE STUDENT CLINICAL VISIT FORM

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Date of Birth** |  |
| **Next of Kin Contact: Name:**    **Tel:** |  |
| **Hospital visited** |  |
| **Date/Duration of Visit** |  |

**Please tick as appropriate (To be completed by visit co-ordinator)**

|  |  |  |
| --- | --- | --- |
| **Rooms/depts. visited** | **Exams** | **Equip only** |
| **General (GP/IP/OP)** |  |  |
| **A/E** |  |  |
| **Fluoro** |  |  |
| **Angio** |  |  |
| **US** |  |  |
| **CT** |  |  |
| **MR** |  |  |
| **Other** |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Acceptable** | **Unacceptable** |
| **Punctuality** |  |  |
| **Appearance** |  |  |
| **Communication/ interpersonal skills with patients** |  |  |
| **Communication/ interpersonal skills with staff/students** |  |  |
| **Enthusiasm** |  |  |
| **Research/knowledge of profession (preparation)** |  |  |
| **Relevant questions** |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | | **No** | |
| **Genuine interest in radiography?** |  | |  | |
| **Would you be happy to have this student placed within your Dept?** |  | |  | |
| **Any concerns/comments relating to this potential student radiographer?** | | | | |
|  |  |  | |  |
| Please email the completed form to [healthadmissions@cumbria.ac.uk](mailto:healthadmissions@cumbria.ac.uk) and [phil.harris@cumbria.ac.uk](mailto:phil.harris@cumbria.ac.uk) (Admissions Tutor) | | | | |
|  |  |  | |  |
| **To the Visit co-ordinator**  Thank you for taking the time to complete this form. It is a vital and compulsory part of our selection procedure for student radiographers and will hopefully ensure that the correct choices are made in securing the future of our profession. | | | | |