



Graduate Diploma in Medical Sonography (IGSO) / Master of Medical Sonography (IMSO)

Confirmation of Training Place

This form must be completed and uploaded to SATAC before an application for entry into the program will be considered.

The **Applicant Details and Declaration** section must be completed by the applicant.

The **Training Place Details and Confirmation** section must be completed by a manager or other authorised person employed by the organisation hosting the Training Place.

Applicant Details and Declaration

This section to be completed by the applicant

Given Name		Family Name	
Specialisation (General, Cardiac, or Vascular)		SATAC Reference	
<input type="checkbox"/> I am aware that to successfully complete this program I will be required to pass a competency assessment and have logged 2200 hours of supervised clinical sonography experience (general) OR 2000 supervised clinical sonography experiences (Cardiac/Vascular).			
<input type="checkbox"/> I understand that it is my responsibility to find an alternative training place if the training provider withdraws their support or cannot supply me with the required experience. I understand that without a training place I am unable to progress to the level 2 courses and may be required to withdraw or exit from the program.			
Applicant Signature		Date	

Training Place Details and Confirmation

This section to be completed by a manager or authorised employee of the Training Place provider

Statement of Support

- I certify that the applicant named above has the support of our organisation to undertake some or all the required medical sonography training within our facilities, and that the applicant when training will be supervised by an accredited medical sonographer who is registered with ASAR (Australian Sonographer Accreditation Registry) or who has an equivalent registration.
- I understand that I am only confirming support for the applicant's training place and that the organisation is not obliged to make a medical sonographer position available for them.

Manager or Authorised Employee Details

Name and Title			
Name and address of Organisation			
Name of Supervisor			
Type of position	Paid: Yes/No	Unpaid: Yes/No	
Phone number		Email	
Authorised Signature		Date	