

**Faculty of Health, Education and Life Sciences
School of Allied and Public Health Professions
Department of Radiography
BSc (Hons) Diagnostic Radiography**

Diagnostic Radiography Department Visit Form

To enable you to decide if diagnostic radiography is the career choice for you, all candidates must complete a short period of work experience. A minimum of one full day in a diagnostic radiography department is expected in order to fulfil this criterion.

Attending a clinical visit will enable you to confirm that diagnostic radiography is your correct career choice and also provides you with an invaluable opportunity to speak with clinical radiographers. Attending a clinical visit will also help shortlisted candidates to prepare for the selection event.

This document is designed to guide you as a prospective student during your clinical visit. By following this short worksheet you will find out information that we think it is essential for you to know before you commit yourself to a career in Diagnostic Radiography.

The form is part of the selection and admissions process and should be returned when completed by uploading to the applicant portal or returned by post/email to
Birmingham City University, Admissions, University House, 15 Bartholomew Row, Birmingham B5 5JU.
Email: alliedhealth.admissions@bcu.ac.uk

To be completed by the applicant

Name of applicant:	
BCU ID Number:	
Hospital/s visited:	
Date of visit(s):	

Types of examinations seen:	
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To be completed by the applicant

What aspects of the placement have you enjoyed?

Why have you chosen diagnostic radiography as a career pathway?

What personal attributes and skills do diagnostic radiographers need?

Thank you for allowing this applicant to visit your department. He/she may apply to Birmingham City University to undertake a degree in diagnostic radiography. We would be most grateful if you would sign this document to confirm that this individual has completed a placement within your organisation. Thank you for your assistance.

To be completed by the Supervising Radiographer

Name: _____

Position: _____

Department / trust _____

Date: _____

Contact Telephone Number: _____

Comments: on the prospective student: Name: _____

I can confirm that this student has visited the clinical department.

Signature: _____

Date: _____