

**Faculty of Health, Education and Life Sciences  
College of Health and Care Professions  
BSc (Hons) Diagnostic Radiography**

**Diagnostic Radiography Department Clinical Visit Form**

To help you decide if Diagnostic Radiography is the right career choice for you, all applicants to our BSc (Hons) Diagnostic Radiography course must complete a minimum of one full day of work experience in a Diagnostic Radiography department.

In addition to confirming whether it is the correct career choice, attending a clinical provides you with an invaluable opportunity to speak with clinical radiographers. If you can complete your clinical visit ahead of any selection interview will also be hugely beneficial to your preparation for interview.

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 it to the applicant portal. If you have any issues uploading a copy of the form, please email [Health.Admissions@bcu.ac.uk](mailto:Health.Admissions@bcu.ac.uk)

**To be completed by the applicant**

<b>Name of applicant</b>	
<b>BCU Applicant ID number</b>	
<b>Hospital(s) visited</b>	
<b>Date(s) of visit</b>	
<b>Types of examination seen</b>	

To be completed by the applicant

**What aspects of the clinical visit have you enjoyed?**

**Why have you chosen Diagnostic Radiography as your career pathway?**

**What skills and personal attributes do Diagnostic Radiographers need?**

**For the clinical visit provider**

Thank you for allowing this applicant to visit your department. They have either applied or are planning to 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.

**Comments on the prospective student – name:**

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**To be completed by the Supervising Radiographer**

<b>Your name</b>	
<b>Your designation</b>	
<b>Your Department and Trust</b>	
<b>Your contact email address</b>	
<b>Your HCPC registration number</b>	
<b>Date(s) the prospective student visited your department</b>	

**I confirm that this prospective student has visited the clinical department.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_