



Bachelor of Medical Imaging (CH3757)

Additional Requirements

Applicant's full name

Date of birth

Clinical practicum preferences

As part of the programme, students are required to complete clinical practicums.

Please:

- Rank your top three preferences with 1 being your first choice
- Briefly explain your choices to help us understand your situation. Consider factors like:
 - Family/whānau nearby
 - Proximity to your hometown
 - Transport costs
 - Dependent children
 - Possibility of paid employment

Placement locations by intake:

Note: Only one intake is open at a time. Availability may vary depending on intake and capacity.

- February:**

Christchurch	Timaru	Dunedin	Invercargill	Greymouth
Blenheim	Nelson	Wellington	Auckland (Middlemore)	
- July:**

Christchurch	Timaru	Dunedin	Invercargill	
Nelson	Wellington	Tauranga	Waikato	

Placement preferences:

Preference	Location	Reason for selection
1st		
2nd		
3rd		

Additional notes (optional)

English Language requirements

Is English your first language?

Yes No

If **NO**, provide evidence showing how you meet the English language requirements. Refer to **Bachelor of Medical Imaging** for the English language requirements.

Health

While health issues are not usually a barrier to acceptance into the medical imaging programme, the following questions help us to determine whether you have any health issues that may affect your ability to practice safely. As some health issues may make it difficult to manage clinical practice and/or full-time study, the selection committee may wish to discuss these with you to determine any support you may require if you are successful with your application.

Do you have any current or long-term physical health issues? Yes No

If you answered **yes**, please provide details below:

Do you have any current or long-term mental health issues? Yes No

If you answered **yes**, please provide details below:

Do you have any drug or alcohol related problems, or have you received treatment for either in the past? Yes No

If you answered **yes**, please provide details below:

Do you require regular or periodic treatment from medical/health practitioners? Yes No

If you answered **yes**, please provide details below:

In the last five years, have you had any major illness requiring medication or other forms of treatments? Yes No

If you answered **yes**, please provide details below:

Do you have a learning disability? Yes No

If you answered **yes**, please provide details below:

I confirm I can read and write unassisted in English (because of the requirement to independently and accurately read and write case notes and other documentation when in clinical practice).

Signed:

Life/work experience

Please attach a copy of your CV that includes a chronological summary of work history (part time, full time, voluntary, including care of own children) for the preceding five years.

Convictions against the law

At the completion of the Bachelor of Medical Imaging programme leading to registration as a medical imaging practitioner, students are required to sit and pass the Medical Technologists Board online examination.

The application for registration asks students to disclose if they have been convicted of any offence against the law.

It is therefore our policy to alert applicants to this requirement and to ask them to make a similar declaration when they first apply. This information is sought so potential problems regarding registration as a medical imaging practitioner and access to clinical experiences may be discussed.

As all accepted applicants are police vetted through the enrolment process, it is important this initial declaration is correct. If an applicant provides information that is proved to be false/misleading, the application/enrolment may be declined/withdrawn.

An interview may be arranged to discuss any conviction declared.

Have you ever been convicted of any offence against the law (apart from minor traffic convictions)? Yes No

If **yes**, please provide details.

I hereby declare that the information I have given above is true and correct; no information which could have a material bearing on my registration as a medical imaging practitioner has been withheld; I understand that making a false declaration is an offence under the Crimes Act 1961.

I agree to notify the Faculty of Health, Science and Sustainability if there is any change to my situation throughout the duration of the programme.

Full name:

Signed:

Dated:

Have you ever been refused enrolment by a tertiary provider in New Zealand or overseas? Yes No

If **yes**, please explain.

Have you ever been enrolled in a medical imaging programme in New Zealand or overseas? Yes No

If **yes**, please explain.

Have you ever been refused registration as a health professional in New Zealand or overseas? Yes No

If **yes**, please explain.

Have you been subject to a disciplinary investigation by any regulatory authority other than the Medical Radiation Technologist Board (e.g., Social Workers Registration Board, Teachers Registration Board etc.) in New Zealand or overseas

If **yes**, please explain. Yes No

Declaration

I certify I have read and understood all information on this form and all information in this application is true and correct. I understand the material I have supplied becomes the property of the Faculty of Health, Science and Sustainability however, as personal information, it is protected by the Privacy Act 1993.

Signed:

Dated:

Application checklist

An Admission & Enrolment Form (or I have applied online)

Evidence of how you meet the Academic Entry Requirements

- Verified transcript and award certificate, or
- NZQA Record of Achievement

If you are currently studying, please note below the qualification name, level and who you are studying this qualification with. If it is NCEA Level 3, please include the subjects.

TWO referee reports (not from a friend or relative)

Verified evidence of English Language results (if applicable)

Two forms of verified ID: a primary form of ID such as a New Zealand birth certificate, New Zealand passport or overseas passport with residency status, as well as a secondary form of ID such as a New Zealand driver's licence for police vetting purposes

Curriculum Vitae

If selected for the programme

If you are selected for this programme, the following additional information will be required, details will be included with your confirmation of enrolment

- 1 **New Zealand Police Vetting Service Request and Consent Form**
This form will be entered by Ara within the New Zealand Police Vetting Agency Portal and returned in confidence to the Faculty Head or delegated authority.
- 2 **A current First Aid Certificate** with evidence that the course was at least 8 hours in length and includes the NZQF unit standards 6401 and 6402.
- 3 Any relevant Health Authority requirements which may include providing evidence of immunity to nominated diseases.