



Graduate Diploma in Medical Sonography / Master of Medical Sonography

Letter of Support / 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 have made the training place provider aware that the program I am applying for requires me to complete 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 place provider withdraws their support. I understand that I without a training place I am unable to progress 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 approval of our organisation to undertake medical sonography training within our facilities, and that the applicant will be supervised by an accredited medical sonographer who is registered with ASAR (Australian Sonographer Accreditation Registry).

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 of Organisation			
Organisation Address			
Phone number		Email	
Authorised Signature		Date	