All applicants are required to complete and submit this form with their online application by the application closing date. Late or incomplete forms will not be considered.

### Section 1: Applicant Details

<table>
<thead>
<tr>
<th>Family Name</th>
<th>Given Names</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SATAC Reference Number (Domestic applicants)</th>
<th>Studylink ID (International applicants)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section 2: Eligibility Criteria

Please indicate which eligibility criteria you are applying under (Select ONE only):

- [ ] Higher Education Study
  - I hold a Bachelor Degree or higher in an approved Field of Education (FOE); AND have completed the prerequisite courses at a Bachelor level or higher within the last 10 years (from date of application); AND have completed a minimum of 300 hours of clinical experience in a patient care environment.

- [ ] Professional Practice
  - I hold current registration with the Medical Radiation Practice Board of Australia (MRPBA)/Australian Health Practitioner Regulation Agency (AHPRA) (or overseas equivalent, where accreditation was awarded following the completion of a recognised degree); OR I hold a recognised Graduate Certificate in Medical Sonography or equivalent qualification.

### Section 3: Prerequisite Courses

Complete this section ONLY if you indicated ‘Higher Education Study’ in Section 2

Please list all applicable courses you have completed that meet the prerequisites. Prerequisite courses must have been completed at a Bachelor level or higher within the last 10 years. You are required to provide documentation (e.g. course outline, syllabus) for all non-UniSA courses.

<table>
<thead>
<tr>
<th>Prerequisite</th>
<th>Course Name</th>
<th>Course Code</th>
<th>Institution</th>
<th>Completion Date</th>
<th>EFTSL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Anatomy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(0.125 EFTSL, which includes anatomy of the head and neck, thorax, abdomen and pelvis, the musculoskeletal and vascular systems)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Physiology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(0.250 EFTSL)</td>
</tr>
<tr>
<td>Human Pathology or Pathophysiology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(0.125 EFTSL)</td>
</tr>
</tbody>
</table>

- [ ] I have attached copies of relevant course outlines/syllabi.
Section 4: **Clinical Experience**

Complete this section ONLY if you indicated ‘Higher Education Study’ in Section 2

You are required to demonstrate completion of a minimum of 300 hours of clinical experience in a patient care environment. This can be a combination of paid employment and clinical placements undertaken during study.

<table>
<thead>
<tr>
<th>Part A: Paid Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer</td>
</tr>
<tr>
<td>☐ I have attached a letter from my employer that confirms my employment details.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part B: Clinical Placements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Name</td>
</tr>
<tr>
<td>☐ I have attached placement records that confirm my clinical placement details.</td>
</tr>
</tbody>
</table>

Section 5: **MRPBA/AHPRA Registration**

Complete this section ONLY if you indicated ‘Professional Practice’ in Section 2

<table>
<thead>
<tr>
<th>AHPRA Registration No.</th>
<th>Expiry Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ I have attached a copy of my current MRPBA/AHPRA registration.</td>
<td></td>
</tr>
</tbody>
</table>

Section 6: **Declaration**

I declare that:
- The information given in this application and its supporting documents is true and correct
- I have included the required documentation (e.g. course outlines, employer letter, registration) as required.

<table>
<thead>
<tr>
<th>Applicant Signature</th>
<th>Date</th>
</tr>
</thead>
</table>