**APPLICATION FORM: MR Safety Expert Certification**

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| --- |
| **PERSONAL INFORMATION** |
| **Title:** | Prof |[ ]  A/Prof |[ ]  Dr |[ ]  Mr |[ ]  Mrs |[ ]  Ms |[ ]  Other | Insert Text |
| **First Name:** | Insert Text |
| **Other Name(s):** | Insert Text |
| **Surname:** | Insert Text |
| **Email:** | Insert Text |
| **Phone:** | ( \_\_ ) | Insert Text |  |
|  |
| **PROFESSIONAL INFORMATION** |
| **Medical Physics Discipline(s):** | **Radiology Physics:** |[ ]  **Nuclear Medicine Physics:** |[ ]
|  | **Radiation Oncology Physics:** |[ ]  **Other (Describe):** | Insert Text |
| **Years of experience post training:** | Insert Text | I am retired: | [ ]  |
| **Current Practice Location:** | ACT: |[ ]  NSW: |[ ]  NT: |[ ]  QLD: |[ ]  SA: |[ ]
|  | TAS: |[ ]  VIC: |[ ]  WA: |[ ]  North Island NZ: |[ ]  South Island NZ: |[ ]
| Your current or planned involvement in MR Safety | **Diagnostic MRI:** | [ ]  | **PET-MR:** | [ ]  |
|  | **MR-Linac:** | [ ]  | **Other (describe):** | Insert Text |
|  | **MR Treatment Planning:** | [ ]  |  |  |
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| **SUPPORTING DOCUMENTATION** |
| Please provide the following documents with this application. |
| **Document description:** | **Attached?** |
| Letter of support from *either:* | Chief Radiographer/ Chief Radiation Therapist | Yes: |[ ]  No: |[ ]
|  | MR Experienced Consultant Radiologist/Oncologist |  |  |  |  |
| Letter from Head MR Radiographer (or equivalent) confirming provision of scanner access | Yes: |[ ]  No: |[ ]
| Current Curriculum Vitae | Yes: | [ ]  | No: | [ ]  |
|  |
|  |
| Signed: | Insert Text |
| Date: | Insert Text |