**APPLICATION FORM: MR Safety Expert Certification**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |