**Directorate of Radiography - Ultrasound**

Verification of clinical requirements/Placement learning agreement

MSc Ultrasound Imaging programme January 2025 – December 2025

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| **Section 1** | |
| **Personal and Contact Details** (student) | |
| Surname |  |
| Preferred first name |  |
| Date of Birth |  |
| E mail address |  |
| Home address |  |
| Home telephone number |  |
| Mobile telephone number |  |
| Work telephone number |  |
| Placement address |  |

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| **Section 2** | | | |
| **Academic and Professional qualifications and experience** | | | |
| **ACADEMIC Qualifications** | **Classification** | **Date** | **Awarding body** |
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If you do not hold a 1st class or 2nd class degree, your application may be considered, please contact the Programme Leader (Angela Booth) for advice. You may need to go through the Accreditation of Prior (Experiential) Learning [AP(E)L] process to demonstrate your degree equivalence and/or submit a piece of academic work and/or attend for interview.

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| **PROFESSIONAL Qualifications** | **Date** | **Awarding body** |
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| **Are you currently state registered?** | **Yes/No** |
| **If yes, which Registration board** |  |
| **Registration Number** |  |

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| **Section 3** | | | | |
| **Which qualification do you wish to study and apply for?** | | | | |
|  | **Single module** | **PGCert** | **PGDip** | **MSc** |
| **Please tick** |  |  |  |  |

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| **JANUARY 2025 - MAXIMUM of 60 credits** |  |  |
| **Which module/s do you wish to study for?**  **Select ALL that apply, compulsory modules in bold.** | **Credits** | **Please tick** |
| **Scientific principles of Diagnostic ultrasound** | 15 |  |
| **Professional ultrasound Practice** | 15 |  |
| Gynaecology Ultrasound Theory | 15 |  |
| Gynaecology Ultrasound Clinical practice  2 day scanning per week advised | 15 |  |
| Obstetrics Ultrasound Theory | 15 |  |
| Obstetrics Ultrasound Clinical practice  2 day scanning per week advised | 15 |  |
| General Ultrasound Theory | 15 |  |
| General Ultrasound Clinical practice  2 day scanning per week advised | 15 |  |
| Musculoskeletal Ultrasound Theory | 15 |  |
| Musculoskeletal Ultrasound Clinical practice  2 day scanning per week advised | 15 |  |
| Third Trimester Ultrasound  2 day scanning per week advised | 15 |  |
| **Negotiated clinical modules for a focused area e.g., focussed early pregnancy, focussed MSK, Intervention etc. Please discuss with programme leader before applying.** | | |
| **Which module/s do you wish to study for?** | **Credits** | **Please tick** |
| Negotiated Ultrasound Practice 1 | 15 |  |
| Negotiated Ultrasound Practice 2 | 15 |  |
| **JANUARY 2026 (if applying for/progressing to PGD or MSc)**  **MAXIMUM of 60 credits** |  |  |
| **Which module/s do you wish to study for?**  **Select ALL that apply, compulsory modules in bold.** | **Credits** | **Please tick** |
| **Scientific principles of Diagnostic ultrasound** | 15 |  |
| **Professional ultrasound Practice** | 15 |  |
| Gynaecology Ultrasound Theory | 15 |  |
| Gynaecology Ultrasound Clinical practice  2 day scanning per week advised | 15 |  |
| Obstetrics Ultrasound Theory | 15 |  |
| Obstetrics Ultrasound Clinical practice  2 day scanning per week advised | 15 |  |
| General Ultrasound Theory | 15 |  |
| General Ultrasound Clinical practice  2 day scanning per week advised | 15 |  |
| Musculoskeletal Ultrasound Theory | 15 |  |
| Musculoskeletal Ultrasound Clinical practice  2 day scanning per week advised | 15 |  |
| Third Trimester Ultrasound  2 day scanning per week advised | 15 |  |
| **Negotiated clinical modules for a focused area e.g. focussed early pregnancy, focussed MSK, Intervention etc. Please discuss with programme leader before applying.** | | |
| **Which module/s do you wish to study for?** | **Credits** | **Please tick** |
| Negotiated Ultrasound Practice 1 | 15 |  |
| Negotiated Ultrasound Practice 2 | 15 |  |

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| **JANUARY or SEPTEMBER 2027**  **Please discuss with programme leader before registering for dissertation MAXIMUM 60 credits** | **Credits** | **Please tick** |
| Dissertation | 60 |  |

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| **Other modules - Please discuss with the programme leader before applying for any of these modules.** |  |  |
| **Which module/s do you wish to study for?** | **Credits** | **Please tick** |
| Research Methods (Public health) theory only | 30 |  |
| Principles of Advanced practice - theory only | 15 |  |
| Leading Education in practice – theory only | 30 |  |
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| **Third Trimester Ultrasound pathway ONLY**  **- Please discuss with the programme leader before applying for this pathway** | | |
| **January 2025** | **Credits** | **Please tick** |
| Scientific Principles of Diagnostic Ultrasound | 15 |  |
| Third trimester Ultrasound  2 day scanning per week advised | 15 |  |
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| **June 2025** | **Credits** | **Please tick** |
| Third trimester Ultrasound (June – December)  2 day scanning per week advised | 15 |  |
| Scientific Principles of Diagnostic Ultrasound (Sept – December) | 15 |  |

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| **Section 4** | |
| **Clinical experience** | |
| To study a module with clinical competency assessed and be awarded you **MUST** have secured a suitable clinical placement in an ultrasound department that will last throughout the duration of the course  **A MINIMUM OF 14 hours per week for PgCert and a minimum of 22 hours per week for a PgDip/MSc, is recommended for the duration of the training.**  The placement MUST be able to provide access to acute and complex patients and possibly ward patients as part of the clinical modules. If needed the placement or student must organise time in alternative placements to accommodate this. (The University may be able to help with a limited number of visits after discussion with the programme leader).  **IT IS THE STUDENT’S RESPONSIBILITY TO SECURE A SUITABLE PLACEMENT PRIOR TO THE COMMENCEMENT OF THE PROGRAMME. NO UNCONDITIONAL OFFER WILL BE MADE WITHOUT A PLACEMENT SECURED OR WITHOUT THIS FORM SUBMITTED.**  Clinical placement hours for negotiated modules will be appropriate to the focussed area and will be negotiated and agreed with the student and University. | |
| **Are you currently employed in your proposed area of study** | **Yes/No** |
| **If yes, how long have you been employed in this area?** |  |
| **How many days per week do you anticipate working in this area?** |  |
| **How many appropriate cases will you see in a day?** |  |
| **Please state the name and location of the employer/clinical placement** |  |
| **What equipment do you have access to?** (Please specify make, model and age) |  |

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| **Section 5** | |
| **Mentoring** | |
| You will need to identify a suitable person who can act as Mentor throughout the course; the Mentor will be responsible for the clinical education in your own department and therefore needs to be a qualified and experienced practitioner. They **MUST** hold a recognised qualification in the area of practice being studied and it is recommended they have **a minimum of two years current experience.**  Those new to Mentoring will be required to undertake a short training course and will be invited to attend a Mentoring Workshop. | |
| **Name and position of mentor** |  |
| **Mentor Ultrasound qualification and date achieved** |  |
| **Email and contact details of mentor** |  |
| **Signature of mentor**  (This needs to be either a wet or electronic signature as it is a learning contract) |  |
| **Date signed** |  |

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| **Section 6** | |
| **TO BE COMPLETED BY PLACEMENT DEPARTMENT/STUDENT’S MANAGER** | |
| I understand that in order for the student to be offered a place on this course, the support of an appropriate clinical Mentor and access to an appropriate caseload in the clinical environment is required throughout the duration of the course. The student will be able to scan for the number of hours indicated by their selections in section 3 of this form and will be supported by the appropriately qualified staff member named in section 5.  **This MUST be signed by the ULTRASOUND DEPARTMENT MANAGER**  **I am able to satisfy the above criteria.** | |
| **Name**  (Department manager) |  |
| **Signature of Manager**  (This needs to be either a wet or electronic signature as it is a learning contract) |  |
| **Email and contact details of manager** |  |
| **Date signed** |  |

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| **Section 7** | |
| **TO BE COMPLETED BY STUDENT** | |
| I understand that my clinical education is a partnership between myself, my department/placement and the University of Salford, and I authorise appropriate communication between my department/placement and the University of Salford. | |
| **Name**  (Student) |  |
| **Signature of Student**  (This needs to be either a wet or electronic signature as it is a learning contract) |  |
| **Date signed** |  |

**Please return this completed form to Admissions with your application:**

And a copy to

Admin team, University of Salford, Allerton Building,

Frederick Rd, SALFORD, M6 6PU

Email: [hsci-DR@salford.ac.uk](mailto:hsci-DR@salford.ac.uk)

And

Angela Booth [a.booth@salford.ac.uk](mailto:a.booth@salford.ac.uk)