**BSc (Hons) Therapeutic Radiography & Oncology**

**Clinical Visit Report**

**Clinical Visit Details**

|  |  |
| --- | --- |
| Name of applicant: |  |
| Department visited: |  |
| Date of visit: |  |

What treatments or patients did you see on your visit?

What aspects of your visit did you particularly enjoy?

Why have you chosen Radiotherapy as a career choice?

Please provide the contact details for a member of staff who can confirm that you have completed a placement within a radiotherapy department.

**Supervising Therapeutic Radiographer Details**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please scan and email this form to** **pete.bridge@liverpool.ac.uk** **If unable to scan then please return to:**

**Radiotherapy Admissions, School of Health Sciences, Thompson Yates Bldg, Brownlow Hill, Liverpool L69 3GB.**