Clinical Visit Feedback Form
BSc (Hons) RADIOGRAPHY Diagnostic Imaging/Radiotherapy and Oncology

This form should be completed by the Radiographer in charge of the unit or area.

Applicant's name:……………………………………………………………………………………………………………………………………

Applicant's UCAS Personal ID:……………………………………………………………………………………………………………………

Name of hospital visited:…………………………………………………………………………………………………………………………

Date of visit:…………………………………………………………………………………………………………………………………………

Number of hours spent in the department:……………………………………………………………………………………………………

Please indicate below which areas / specialities / procedures / techniques the applicant has seen during this visit:

☐ general radiography ☐ accident and emergency radiography
☐ fluoroscopy ☐ angiography
☐ CT ☐ ultrasound
☐ MRI ☐ nuclear medicine

Other:…………………………………………………………………………………………………………………………………………………………

Please consider the suitability of this applicant for a career in Radiography:

Punctuality
☐ Very good ☐ Acceptable ☐ Poor

Personal presentation
☐ ☐ ☐

Professional manner
☐ ☐ ☐

Evidence of background reading
☐ ☐ ☐

Apparent interest during visit
☐ ☐ ☐

Other comments:………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………

Radiographer’s signature: ……………………………………………………………………………………………………………………………

Radiographer’s name (PLEASE PRINT): ………………………………………………………………………………………………………

Radiographer’s position:…………………………………………………………………………………………………………………………

Please return this form to the applicant once completed. Thank you for your time.

Note to applicant: please return this form to health@city.ac.uk

It is strongly recommended that you keep a copy of this form for your own records.