



## **Clinical Visit Feedback Form** **BSc (Hons) Radiography (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:

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> radical breast techniques        | <input type="checkbox"/> simulator  |
| <input type="checkbox"/> radical pelvis techniques        | <input type="checkbox"/> CT Sim     |
| <input type="checkbox"/> radical head and neck techniques | <input type="checkbox"/> CT Scanner |
| <input type="checkbox"/> planning                         | <input type="checkbox"/> mould room |

Other:.....

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

	Very good	Acceptable	Poor
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of background reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apparent interest during visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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](mailto:health@city.ac.uk)

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