Clinical Visit Feedback Form
BSc (Hons) RADIOGRAPHY (DIAGNOSTIC IMAGING)
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 / specialties / 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 Diagnostic Radiography:

Very good Acceptable Poor

Punctuality ☐ ☐ ☐

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.