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.