



# MONASH University

## Master of Medical Ultrasound M6005

### Confirmation of Training Place

Please submit this form via the Monash University Admissions Portal  
to be considered for the program.

The **Applicant Details and Declaration** section must be completed by the applicant. The **Clinical Training Placement Details and Confirmation** section must be completed by a manager or an **authorized representative** of the organisation who is an **accredited medical sonographer**.

#### Applicant Details and Declaration

This section must be completed by the applicant

Given Name(s)		Family Name	
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I understand that to successfully complete the MMU, I must pass all competency assessments and complete a minimum of 2,200 hours of supervised clinical sonography scanning at a suitable clinic or hospital. Please refer to the [Australasian Sonographers Association – A Guide for Trainees](#).

I understand that it is my responsibility to find an alternative training place if the training provider withdraws their support or cannot supply me with the required experience. I understand that without a clinical training place, I am unable to progress with the MMU and may be required to take intermission until I find a training position, or withdraw from the program.

#### Clinical Training Placement Details and Confirmation

This section must be completed by Chief Sonographer or Authorised Sonographer of the placement provider.

Name and address of organisation			
Name and qualifications of supervisor			
Is the trainee paid for this ultrasound training position? <input type="checkbox"/> Yes <input type="checkbox"/> No			

I certify that our organisation supports the applicant in completing all or part of their sonography training within our facilities. The applicant will be supervised by an accredited medical sonographer, registered with ASAR (or an equivalent body), with a minimum of two years' experience. An appropriate student-to-supervisor ratio will be maintained to ensure effective supervision and learning outcomes, in accordance with the [Australasian Sonographers Association \(ASA\) Clinical Supervision Framework](#)

I acknowledge that applicants undertaking the clinical units of the Master of Medical Ultrasound (MMU) program must be actively scanning for a minimum of **three full days per week** under **direct on-site supervision**. The clinical units include:

- SON5020 – Small parts
- SON 5021 – Abdominal Imaging
- SON5022 – Female and Male Pelvis
- SON5023 – Obstetric Imaging
- SON5024 – MSK/Paediatric Imaging
- SON5025 – Vascular Ultrasound

I acknowledge that I am confirming the organisation's support for the applicant's training placement within our facility.

I confirm that there are no conditions on the registration of any supervising sonographer within the clinic that could affect their ability to supervise the nominated applicant effectively.

If yes, please provide details on the condition(s)	
Name of Manager or Authorised Supervising Sonographer	
Contact number	

Supervisor Declaration			
Signature:		Date:	
Email:			