

Bachelor of Medical Imaging Additional Requirements (CH3757)

Applicant's full name

Date of birth

You must complete this in addition to the Admission and Enrolment form. Your application will not be processed until you have submitted the Admission and Enrolment form and all additional requirements.

Recorded Personal Statement

Please watch our recorded role plays <https://youtu.be/nfZqJ2R69r0>, then submit a video recording – you can email your recording to enrolmentsupport@ara.ac.nz (either MP4 or .mov format) of yourself answering the questions below (maximum five minutes):

1. Please describe why you would like to become a Medical Imaging Technologist and outline your understanding of the role.
As part of your answer, please include your personal qualities and relevant aspects from your life experiences that you would bring to the Medical Imaging profession.
2. Describe how your background has prepared you to work in a profession that provides diagnostic imaging to a diverse population.
3. From watching the recorded role plays, are there any key moments that caught your attention? Briefly explain what stayed in your mind and the reasons why.

English Language requirements

Is English your first language? ☐ Yes ☐ No

If **NO**, you are required to provide with your application evidence of your English Language skills as below:

- IELTS 6.5 Academic (no lower than 6.5 in all subtests).

Clinical practicum

Students of this programme are required to complete clinical practicums.

Please rank your selection in order of preference with 1 being your first choice.

Please provide a brief explanation for your placement selection e.g. family/whānau in the area, proximity to home town, transport costs, dependent children, possibility of paid employment, etc

Christchurch
Timaru
Dunedin
Invercargill
Nelson

Blenheim
Greymouth
Wellington
Auckland (Middlemore)
Waikato

Life/work experience

Please provide an account of all experience – part time, full time and voluntary, including care of own children, or attach a CV.

Employer/Place of Work	Nature of Work/Responsibilities	Year and Length of Employment

Health status

Have you or anyone in your family, had any physical or mental health problem which could affect your ability to meet the requirements of a demanding programme with a significant academic and clinical component? Yes No

If **YES**, please state the problem and outline support/strategies needed

I confirm that I can read and write unassisted in English (because of the requirements to independently and accurately read and write case notes and other documentation when in clinical practice)

Signed:

Convictions against the law

Have you ever been convicted of any offence against the law (apart from minor traffic convictions)? Yes No

If **YES**, please specify details with date of conviction. (At the completion of your training you are required to obtain a licence from a government body, known as the Medical Radiation Technologists Board (MRTB) in order to practise in New Zealand. The MRTB do not guarantee registration to any person with a criminal record)

As all accepted applicants are police vetted through the enrolment process, it is important that this initial declaration is correct. If an applicant provides information that is proved to be false/misleading, the application/enrolment may be declined/withdrawn. When accepted onto the programme, you will be asked to compete and return a NZ Police Vetting Consent form. Your consent to disclosure will be entered by Ara onto the NZ Police Licensing and Vetting Service database and returned in confidence to the Head of Department or delegated authority.

If selected for the programme

If you are selected for this programme, the following forms will be sent along with your enrolment pack:

- 3rd Party Form (for Police Vetting Authority)
- Police Vetting Form
- Non disclosure and use of confidential information form
- You will also need to have a First Aid Certificate, which must include unit standards 6400, 6401 and 6402 ; proof of this is required before your enrolment onto the programme can be completed
- Health Questionnaire - This needs to be completed by a GP/Health Provider at your expense and returned to Ara by the start of the programme

Declaration

I certify that I have read and understood all information on this form and that all information in this application is true and correct. I understand that the material I have supplied becomes the property of the Department of Health Practice but that, as personal information, it is protected by the Privacy Act 1993.

Signed:

Dated:

Application checklist

I have attached:

An Admission and Enrolment form (or I have applied online)

Evidence of how I meet the academic entry requirements:

- if you are currently studying, please note which qualification and the provider
- if it is NCEA Level 3 please note the subjects

Evidence of my English Language requirements (if applicable)

Two of the following: verified copy of my birth certificate, driver's licence, New Zealand passport or overseas passport with residency status

Recorded Personal statement

TWO referee report forms (showing evidence of good character and personal attributes)

[\(download Referee Report 1\)](#) [\(download Referee Report 2\)](#)