

MRTB CLINICAL EXPERIENCE FORM

RADIATION THERAPY

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Name

Registration Number

40-0

Post qualification employment history for the last three-years¹

(Most recent employer first)

Place of employment

Position held

Dates of employment

Length of employment:

Working hours per week

If above employment position was for less than three-years

Place of employment

Position held

Dates of employment

Length of employment:

Working hours per week

Place of employment

Position held

Dates of employment

Length of employment:

Working hours per week

¹If returning to practice please provide details of your most recent 3 years of employment.

Please complete a separate form for each place of employment

Section 1: CT/Simulation

Please list the equipment that you have routinely used

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Please state the sites/techniques that you regularly CT/Simulate

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How much experience have you had in CT/Simulation in the last three years? (I.e. how often you are rostered there, are you in a senior position?)

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Section 2: Planning

Please list the planning system routinely used

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Please state the sites/techniques that you have regularly planned.

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How much experience have you have in planning in the last three years? (I.e. how often you are rostered there, are you in a senior position?)

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What training have you had in planning? (Please include undergraduate education, in-work training, workshops and/or postgraduate education)

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Section 3: Treatment

Please list the treatment machines routinely used

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Please state the sites/techniques that you regularly treat

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Please state the IGRT that is routinely used

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How much experience have you had in treatment in the last three years? (I.e. how often you are rostered there, are you in a senior position?)

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