RADIATION THERAPY

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Name		
Registration Number	40-0	
Post qualification employment history for the last three-years ¹		
(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.

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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?)

Section 2: Planning

Please list the planning system routinely used

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Please state the sites/techniques that you have regularly planned. 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?) What training have you had in planning? (Please include undergraduate education, in-work training, workshops and/or postgraduate education) Section 3: Treatment Please list the treatment machines routinely used

Please state the sites/techniques that you regularly treat

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Please state the IGRT that is routinely used

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?)