

MRTB CLINICAL EXPERIENCE FORM
SONOGRAPHY (GENERAL ULTRASOUND)

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Please note there is a separate form for applicants who work in Vascular Ultrasound only

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

Please provide the name and contact details of the most recent medical imaging supervisor and whether it is possible for the MRTB to contact them if there are any further queries.

Supervisor name

Supervisor email address

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

