



# X-ray Operator Course

## Application Form

Please complete BOTH sides of the form and email the completed and signed application form to [MRSRadiationBadge@curtin.edu.au](mailto:MRSRadiationBadge@curtin.edu.au).

**\*You MUST include your CURRENT AHPRA registration number.**

Upon receipt of your application, you will be notified if your application has been successful.  
If a vacancy is not available, you will be advised accordingly.

### Course Options

Details of the course options and eligibility are on the [website](#). Please identify which course option you are applying for below:

|                                 |                          |                        |                          |
|---------------------------------|--------------------------|------------------------|--------------------------|
| 1. X-ray Operator Course        | <input type="checkbox"/> | 2. 3 Yearly Assessment | <input type="checkbox"/> |
| 3. Approved Radiographer Status | <input type="checkbox"/> |                        |                          |

Course Date:  
(refer to website for course dates)

### Applicant Details

|                                                                                                                                                                        |         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Full Name:                                                                                                                                                             |         |
| Current Employer:                                                                                                                                                      |         |
| Work Address:                                                                                                                                                          |         |
| Professional Qualification: <i>(For e.g. Registered/Enrolled Nurse or Medical Practitioner for XRO course, and licensed MIT for approved radiographer application)</i> |         |
| Current AHPRA Registration Number:                                                                                                                                     |         |
| Email:                                                                                                                                                                 |         |
| Work Telephone:                                                                                                                                                        | Mobile: |
| Dietary Requirements:                                                                                                                                                  |         |

I, \_\_\_\_\_ understand that to successfully complete the course, full participation is required, including all the pre-reading, preparation and assessment.

Applicant Signature



## Manager / Employer Approval

I, \_\_\_\_\_, authorise for the applicant to undertake this course and that the  
(insert name)

course fee (indicated below) will be paid for by our company with the following details

X-ray Operator: \$2,200 plus GST ☐ 3 Yearly Assessment: \$335.00 plus GST ☐

Approved Radiographer Status: No Cost ☐

### **Payments must be made prior to the application deadline to secure your place.**

Payments can be made by **debit or credit card** using the online Curtin ePay system. The payment link will be provided upon application once a place is confirmed.

Please provide an email address during the payment process as the tax receipt will be emailed to you, otherwise it will appear on the screen for you to print only at the time of completion.

**IMPORTANT: Please forward the receipt / remittance advice as evidence of payment VIA email:**

[MRSRadiationBadge@curtin.edu.au](mailto:MRSRadiationBadge@curtin.edu.au).

## Cancellation Fees

Please refer to the website for further details regarding refunds and cancellations.

If a confirmed place is cancelled after the application deadline (i.e. less than six weeks prior to commencement of the course), the following cancellation fees will apply:

- X-ray Operator Course \$390.00
- 3 Yearly Assessment \$110.00

## Authorisation/Endorsement of course payment

*I understand that payment must be made prior to the application deadline. If a cancellation is requested after this date a fee may apply.*

POSITION of Authorising Person

SIGNATURE of Authorising Person

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Date: