

CAPE PENINSULA UNIVERSITY OF TECHNOLOGY

**FACULTY OF HEALTH and WELLNESS SCIENCES
DEPARTMENT OF MEDICAL IMAGING AND THERAPEUTIC SCIENCES**

BSc RADIOGRAPHY QUESTIONNAIRE

TO BE COMPLETED IN APPLICANTS OWN HANDWRITING AND SUBMITTED WITH THE CPUT APPLICATION FORM.

1. PERSONAL DETAILS (PLEASE USE BLOCK CAPITALS)

1.1 SURNAME : _____

1.2 SURNAME ON MATRIC CERTIFICATE : _____

1.3 FIRST NAME/S (in full) : _____

1.4 RESIDENTIAL ADDRESS (Cape Town) : _____

POSTAL CODE : _____

RESIDENTIAL ADDRESS (Home)
(If not same as above) : _____
: _____

POSTAL CODE : _____

1.5 TELEPHONE NUMBERS
Home : _____

Work : _____

Cell : _____

Mother/Father/Guardian/Next of Kin : _____

1.6 YOUR EMAIL ADDRESS : _____

1.7 DATE OF BIRTH : _____

1.8 I IDENTIFY MY GENDER/SEX AS

Male:	Female:	Other:
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1.9 NATIONALITY : _____

1.10 IDENTITY / PASSPORT NUMBER : _____

HOME LANGUAGE : _____

2. ACADEMIC PERFORMANCE

2.1 CERTIFICATE: (National Senior Certificate/Joint Matriculation Board / IEB or equivalent: PLEASE SPECIFY)

2.2 MONTH & YEAR WRITTEN: _____

RESULTS:

- If you have passed Grade 12 give these symbols.
- If you are in your final school year give your Grade 11 results and a copy of your Grade 12 June report. Attach certified copies of all results.

Note: All outstanding results must be forwarded as soon as they are received.

The results given in the table below are my:

Grade _____ results Month: _____ Year: _____

Please note that English, Mathematics AND Physical Sciences OR Life Sciences are compulsory subjects for all the Radiography programmes. Please do not apply if you do not have all of these subjects. Maths Literacy is not accepted in the place of pure Mathematics.

SUBJECTS	Rating Code (or symbol)	%		All Other Subjects	Rating Code (or symbol)	%
*ENGLISH(HL or FAL) [E-Compulsory subject]						
Other language/s (HL or FAL)						
*MATHEMATICS [M-compulsory subject]						
*PHYSICAL SCIENCE <i>[PS] If Applicable</i>						
*LIFE SCIENCE [LS] <i>If Applicable</i>						
LIFE ORIENTATION						
NOTE: English, Mathematics AND PS OR LS compulsory	Maths Literacy not Accepted.					

2.3 NAME OF SCHOOL : _____

2.4 ADDRESS OF SCHOOL : _____

POSTAL CODE : _____

2.5 TELEPHONE No. (School) : _____

2.6 POST-SCHOOL

COURSE : _____

YEAR : _____

COLLEGE/UNIVERSITY/OTHER : _____

PROVIDE CERTIFIED COPY OF ALL POST-SCHOOL RESULTS

If you did not complete a course, give reason/s:

Note: Additional information can be given on a separate page if space insufficient for all courses done.

3 EMPLOYMENT (including casual work , weekend jobs etcetera)

NAME OF EMPLOYER & TELEPHONE NUMBER	POSITION HELD	FROM	TO	REASON FOR LEAVING

Note: If space is not sufficient additional information can be given on a separate page.

4 HEALTH

4.1 We accept candidates with certain disabilities that allow employment in radiography.

Do you have a disability?

YES: NO:

4.2 If **YES**, briefly describe the disability.

4.3 Have you had any long or short term treatment for any issues related to mental health e.g. depression, bi-polar mood disorder, schizophrenia, other? If so please specify and include a doctor's report on your current mental health status and treatment.

4.4 Do you suffer from any chronic illness? If so please specify and include a doctor's report on your current health status and current and future treatment.

4.5 Have you ever had any accidents? If so, describe:

4.6 Have you ever had any operation? If so, describe:

4.7 Have you ever suffered/do you suffer from problems of any of the following?
(Give dates and mention medical treatment)

- 4.7.1 Eye : _____
- 4.7.2 Chest : _____
- 4.7.3 Heart : _____
- 4.7.4 Rheumatic fever : _____
- 4.7.5 Back : _____
- 4.7.6 Feet : _____
- 4.7.7 Headaches/Migraine : _____
- 4.7.8 Allergies : _____
- 4.7.9 Menstruation : _____
- 4.7.10 Other (please specify): _____

4.8 Have you had more than 5 consecutive days off sick in the past 3 years?

 YES NO

If yes, give brief details:

4.9 How many times have you visited a medial practitioner in the past 6 months?

If more than 3 times please state whether you have a medical condition requiring regular medical intervention/attention:

5 GENERAL

5.1 COMMUNITY ACTIVITIES/INVOLVEMENT:

Do you participate in community activities? If so, please mention these:

5.2 EXTRAMURAL ACTIVITIES/INTERESTS/SPORTS/HOBBIES

Do you participate in any sport or social activities? What do you enjoy doing in your free time? If so, mention these activities:

5.3 PERSONAL ACHIEVEMENTS

Describe your personal achievements and milestones. What are you proud of achieving?

5.4 PERSONAL ORGANISATION:

How do you manage your time? What is your balance between work/study and relaxation time?

6 PROGRAM

6.1 The program you are applying for is _____

6.2 How did you hear about this course? _____

6.3 Have you ever applied for a radiography course before?

YES

NO

6.4 If so, where? _____

If so, when? _____

6.5 Have you applied at any other education institution/s this year?

YES

NO

6.6 If yes, give the course/s and institutions:

6.7 What is your first choice? _____

6.8 Describe any experience you have had with sick and/or injured people?

6.9 What is your opinion of working in a profession that requires you to work over weekends and at night?

7 RADIOGRAPHY AS A CAREER

This section only to be completed by applicants who do not hold a Radiography qualification

Please write a short explanation (200-300 words) on each of two topics given below (7.1 & 7.2). Each explanation must be on a separate page and attached to the application form.

7.1 Why you want to be in health care.

7.2 What you know about radiography and the particular course/s you have applied for.

I declare that the information given is, to the best of my knowledge, correct. If admitted to the course, I undertake to abide by the rules and regulations of the clinical [work integrated] learning facility in the public or private sector and the Cape Peninsula University of Technology.

SIGNATURE OF THE APPLICANT: _____

DATE: _____

8. BY MEANS OF A (✓) INDICATE WHICH CATEGORY YOU ARE APPLYING FOR:

(If you are applying for more than one programme, please indicate your order of choice e.g. 1st, 2nd and 3rd)

- **DIAGNOSTIC RADIOGRAPHY**
- **DIAGNOSTIC ULTRASOUND**
- **NUCLEAR MEDICINE TECHNOLOGY**
- **RADIATION THERAPY**

9. If you are applying for BSc DIAGNOSTIC RADIOGRAPHY, BSc NUCLEAR MEDICINE TECHNOLOGY or BSc RADIATION THERAPY indicate the CLINICAL SITE at which you would preferably like to be placed for clinical aspects of the program by ticking the block/s:

Tick your preference with an X

GROOTE SCHUUR HOSPITAL	
TYGERBERG HOSPITAL	
PRIVATE SECTOR	

NOTE: The 4-year degrees will be offered on the Bellville Campus of CPUT but with clinical experience in the respective public or private sector facilities. Your selection above will be considered for your primary placement for the majority of the clinical training. Placement as selected above cannot however be guaranteed. Successful applicants will be placed according to clinical placements available at HPCSA accredited clinical facilities.

Please also note that students may be expected to attend lectures/seminars/workshops/tutorials by specialists in the specific fields at various clinical sites.

Transport to and from these clinical sites will be for your own account.

CHECKLIST

Please complete this form and submit/upload it with your application as well as all supporting documentation in order to be considered for selection.

The following MUST be included with this application for the application to be considered:

1. Certified copy of Identity Document or passport
2. Two recent written references (1 must be your employer if you are working)
3. The name and contact number/address of two referees
4. Certified copy of Grade 11 School Report (for grade 12 learners)
5. Certified copy of Grade 12 June School Report (for grade 12 learners)
(September report to be forwarded as soon as possible)
6. Certified copy of Senior Certificate if you have matriculated
Or submit within 3 days of receipt if currently in final school year
7. Certified Documents/certificates of post-school study if applicable
8. 2 Short Explanations (See 7.1 and 7.2 on page 6)
9. International students must ensure that they have followed the required procedure for application submission. Please refer to www.cput.ac.za/study/international-applicants

YOU WILL BE NOTIFIED IN DUE COURSE WHETHER:

YOUR APPLICATION WAS SUCCESSFUL
YOU ARE ON THE WAITING LIST
YOUR APPLICATION WAS UNSUCCESSFUL

Note that any selection or waitlisting will be provisional on all subsequent and final results being submitted and achievement levels evaluated against our course criteria. These results should be submitted within 3 days of receipt.

<p>NOTE: Due to the possible harmful effects of radiation on the developing foetus anyone who is pregnant at the time the course starts will not be able to commence training.</p>
