

# Nuclear Medicine Scientist Embedded Student Program

## Application Form

### Personal details:

Title

Surname

Given name(s)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date of birth

Residential address

Postal address (if different from residential address)

Phone

Email

### Are you of Aboriginal or Torres Strait Islander origin?

- ☐ No
- ☐ Yes, Aboriginal
- ☐ Yes, Torres Strait Islander
- ☐ Yes, both Aboriginal and Torres Strait Islander

### Are you an Australian citizen?

- ☐ Yes.
- ☐ No. See below.

### If no, have you been granted, and do you continue to hold Australian Permanent Residence Status?

- ☐ Yes.
- ☐ No. Unfortunately you are ineligible to apply for this program.

### COURSE DETAILS

Degree Name:

Bachelor of Medical Radiation (Nuclear Medicine)

University:

The Royal Melbourne Institute of Technology

Anticipated year of commencement:

2026

Anticipated year of graduation:

2029

**If you have recently completed Year 12, please list subjects studied:**

**Subjects:**

\_\_\_\_\_  
**Year of completion**  
(or anticipated completion)

**Provide details of your previous degree/s (if applicable):**

**Course Name:** \_\_\_\_\_

**University:** \_\_\_\_\_

**Year completed:** \_\_\_\_\_ **Course GPA:** \_\_\_\_\_

**Location:**

**The Nuclear Medicine Scientist Embedded Student Program will be offered at sites across the following regions in Queensland:**

- ▶ Brisbane
- ▶ Gold Coast
- ▶ Toowoomba
- ▶ Mackay
- ▶ Townsville
- ▶ Cairns

**To support your application, please provide a cover letter (maximum 1,000 words total) answering the following questions:**

- 1** What is your understanding of nuclear medicine and why are you interested in pursuing a career as a nuclear medicine scientist at Queensland X-Ray?
- 2** Queensland X-Ray is part of Sonic Healthcare, whose network of healthcare companies is united by core values. Select one of our values and describe how you relate to it.
- 3** Why is it important for health professionals to apply person-centred care?

**Declaration:**

I declare that the information I have provided in my application is complete and correct.

\_\_\_\_\_  
**Signature**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Date**

**Please ensure that you have attached the following:**

- ☐ A copy of your curriculum vitae (CV).
- ☐ Covering letter that includes the answers to the questions above.

**Please submit this completed application form and supporting documentation to:**

**humanresources@qldxray.com.au**