

2025



ASMIRT

Guidelines

Student Placement Support Grants

Your profession. Your future.

There are a number of protected titles for medical radiation practice. They include:

Medical Radiation Practitioner (MRP)

Diagnostic Radiographer (DR)

Medical Imaging Technologist (MIT)

Radiographer

Nuclear Medicine Scientist (NMS)

Nuclear Medicine Technologist (NMT)

Radiation Therapist (RT).

For the purposes of our documentation we use the broad descriptor Medical Radiation Practitioner (MRP) recognising that it covers a range of areas of practice.



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ASMIRT STUDENT PLACEMENT SUPPORT GRANT

1. Purpose

The Australian Society of Medical Imaging and Radiation Therapy (ASMIRT) offers the Student Placement Support Grant to assist ASMIRT student members with the financial challenges associated with final-year clinical placements.

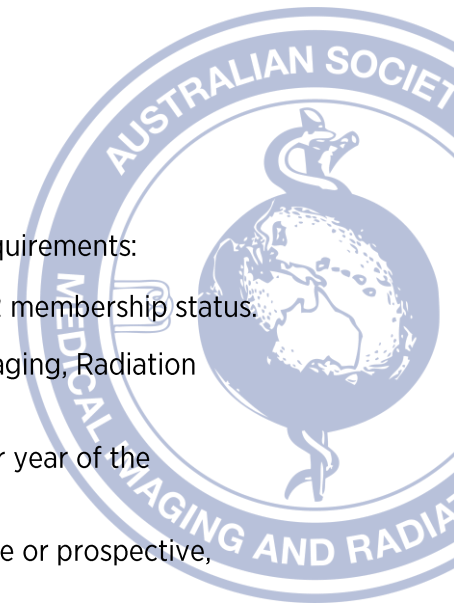
While these placements provide invaluable hands-on experience and prepare students for professional careers, the associated costs—such as travel, accommodation, and lost income—can create a significant financial burden.

Each year, up to 90 grants of \$500 will be awarded to help cover expenses like travel, accommodation, and general living costs. This initiative reflects ASMIRT's ongoing commitment to supporting the next generation of medical radiation practitioners.

2. Details

- This grant is available to ASMIRT student members enrolled in the final year of an Ahpra-approved entry-level Medical Radiation Science program in Medical Imaging, Radiation Therapy, or Nuclear Medicine.
- Up to 90 grants are awarded annually through a single application round, with applications closing on 1 July each year.
- Each grant is valued at \$500 and is intended to assist with travel, accommodation, living expenses, including uniforms, work-related equipment, meals, childcare, public transport fares, petrol costs, and parking, all associated with final-year clinical placements.
- Preference may be given to applicants who:
 - Have maintained ASMIRT membership over a longer duration
 - Are experiencing significant financial hardship
 - Need to travel considerable distances from their home or university to attend placement
 - Do not receive other financial support for their placement





3. Eligibility Criteria

To be considered for this grant, applicants must meet the following requirements:

- Be a non-voting (NV) student member of ASMIRT, with NV1 or NV2 membership status.
- Be enrolled in an Ahpra-approved entry-level course in Medical Imaging, Radiation Therapy or Nuclear Medicine at an Australian university.
- The clinical placement must be undertaken within the final calendar year of the accredited course.
- Placement details submitted in the application may be retrospective or prospective, provided the placement occurs in the final year of study.
- Applicants may only receive this grant once; reapplications will not be accepted.
- Applicants who have previously received the ASMIRT Rural Clinical Placement Scheme grant are still eligible to apply.
- Successful applicants will be required to submit feedback on their clinical placement experience.

4. Selection Criteria

Applicants are required to answer all questions on the application form, including a brief statement detailing how this funding will assist them in completing their clinical placement.

5. Applications

- Applications must be submitted electronically [[here](#)] (refer to Appendix 1 for a Sample Application Form).
- Each application must include the following:
 - A brief Curriculum Vitae (CV) (maximum 2 pages)
 - A student academic record that provides evidence of final year university enrolment
 - A declaration of any other funding or grants applied for or received, with complete details
 - A summary of contributions to the community, including involvement with ASMIRT and/or volunteering or community service
- Applications close on 1st July each year. To be eligible, all applications must be submitted by this date. Late submissions will not be accepted.





6. Application Procedure

- Completed applications will be reviewed by the ASMIRT Education Committee, which will make recommendations to the ASMIRT Board of Directors for awarding the Student Placement Support Grant.
- Successful applicants will be notified by email, which will include a form to provide their nominated bank account details for the transfer of grant funds.
- Recipients may be publicly recognised in ASMIRT's communications.

7. Assessment Criteria

Applications will be evaluated based on the following:

- Adherence to eligibility criteria
- Quality of the application and justification for financial hardship
- Incomplete applications will not be considered

8. Disclaimer

The decision made by ASMIRT will be final, and no correspondence will be entered into. ASMIRT does not accept appeals to its decision.

9. Further Assistance

For further assistance or more information, please contact the ASMIRT Education Team:

- Telephone: (03) 9419 3336
- Email: scholarships@asmirt.org

Document Details

Version	Author(s)/reviewers	Date	Approved by	Date approved	Next Review
1	TM	26/05/2025	Ed Com		12 mths

Version History

Version	Amendment Notes
1	Created May 2025





APPENDIX 1.

ASMIRT STUDENT PLACEMENT SUPPORT GRANT

Sample Application Form

This document is provided as a sample only!

Applications must be completed electronically through the following link:

<https://docs.google.com/forms/d/e/1FAIpQLSehO5zDzO7zgbwpj9k9d6D80ad7a5P4-aTq0KrTao-VnnW9Jg/viewform?usp=header>

For full details, please refer to the [Grant Guidelines](#).

If you have any questions about this application, contact us at scholarships@asmirt.org.

ELIGIBILITY CRITERIA
Are you an ASMIRT student member? <input type="checkbox"/> Yes <input type="checkbox"/> No - You are not eligible for this grant. ASMIRT membership is FREE for students. Join ASMIRT now
Are you currently enrolled in an Aphra approved entry level medical radiation science course? <input type="checkbox"/> Yes <input type="checkbox"/> No - Unfortunately, you do not meet the eligibility criteria for this grant. We encourage you to explore other opportunities that may be available to you at asmirt.org/scholarships , where you can find a range of ASMIRT scholarships you may qualify for.
Are you completing your final year of clinical placements in the current calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No - Unfortunately, you do not meet the eligibility criteria for this grant. We encourage you to explore other opportunities that may be available to you at asmirt.org/scholarships , where you can find a range of ASMIRT scholarships you may qualify for. <input type="checkbox"/> Unsure – email scholarships@asmirt.org - Unfortunately, you do not meet the eligibility criteria for this grant. We encourage you to explore other opportunities that may be available to you at asmirt.org/scholarships , where you can find a range of ASMIRT scholarships you may qualify for.
PERSONAL DETAILS
First Name:
Last Name:
ASMIRT Member Number:
How long have you been a member of ASMIRT? <input type="checkbox"/> < 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 4 years <input type="checkbox"/> Unsure
Residential Address (Please include State and Postcode):
Phone Number (please provide a phone number where you can be contacted during business hours):
Email address (Please provide your university email address for all correspondence):



Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander <input type="checkbox"/> Prefer not to answer	
UNIVERSITY DETAILS	
Discipline: <input type="checkbox"/> Medical Imaging <input type="checkbox"/> Radiation Therapy <input type="checkbox"/> Nuclear Medicine	
Name of University: <input type="checkbox"/> Central Queensland University <input type="checkbox"/> Charles Sturt University <input type="checkbox"/> Curtin University <input type="checkbox"/> Deakin University <input type="checkbox"/> Monash University <input type="checkbox"/> Queensland University of Technology <input type="checkbox"/> RMIT University <input type="checkbox"/> University of Canberra <input type="checkbox"/> University of Newcastle <input type="checkbox"/> University of South Australia <input type="checkbox"/> University of Sydney	
What is your current enrolment status? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	University Student Number:
Name of Course:	University Campus:
What year did you commence this university course?	What year of your university course are you currently in? <input type="checkbox"/> 3 rd Year <input type="checkbox"/> 4 th Year <input type="checkbox"/> Other –
What is your expected completion date? Please provide the month and year.	
CLINICAL PLACEMENT DETAILS	
Have you already undertaken this clinical placement? <input type="checkbox"/> Yes, I would like to apply retrospectively. <input type="checkbox"/> No, I am applying for a clinical placement in the future. <input type="checkbox"/> I am currently on my clinical placement.	
Hospital / Department Name (if known):	
Hospital / Department Location (if known, please provide the suburb and state):	
Hospital / Department Phone Number (if known):	
Commencement Date of Clinical Placement:	What is the duration of this clinical placement? <input type="checkbox"/> Less than 4 weeks <input type="checkbox"/> 5 to 8 weeks <input type="checkbox"/> 9 to 12 weeks <input type="checkbox"/> 13 to 16 weeks <input type="checkbox"/> 17 to 20 weeks <input type="checkbox"/> 21 to 24 weeks <input type="checkbox"/> Other –
CLINICAL PLACEMENT	
Mode of Travel to Clinical Placement (such as flights, own car, public transport, ride-share/taxi, bicycle ride):	
Distance from Residential Address to Clinical Placement (in km):	
Do you require temporary accommodation?	

- ☐ No, I can reside at my usual place of residence
- ☐ Yes, I require accommodation close to my clinical placement
- ☐ Unsure

ACCOMMODATION DETAILS

Please specify the type of accommodation (e.g., shared apartment, hotel, dormitory, etc.):

Are you responsible for covering the accommodation expenses related to this clinical placement?

- ☐ Yes - Up to \$100 weekly
- ☐ Yes - Up to \$200 weekly
- ☐ Yes - Up to \$300 weekly
- ☐ Yes - More than \$300 weekly
- ☐ No, accommodation expenses are fully covered by the organisation.
- ☐ I am unsure about the accommodation expenses for this placement.
- ☐ Other –

Please detail the expenses associated with your accommodation.

Will you incur additional costs for your primary residence, such as rent, while staying in alternative accommodation during your clinical placement? (please provide details)

CLINICAL PLACEMENT-RELATED EXPENSES

Are you responsible for covering any flight expenses related to this clinical placement?

- ☐ No
- ☐ Yes - Up to \$200
- ☐ Yes - Up to \$500
- ☐ Yes - Up to \$1000
- ☐ Yes - Up to \$2000
- ☐ Yes - More than \$2000

Will you be responsible for any commuting and/or meal expenses during this clinical placement? This could include public transport fares, petrol costs or parking fees.

- ☐ No
- ☐ Yes - Up to \$100 weekly
- ☐ Yes - Up to \$200 weekly
- ☐ Yes - Up to \$300 weekly
- ☐ Yes - More than \$300 weekly

Please detail any other estimated/known costs directly related to your clinical placement. These may include transportation, uniforms, work-related equipment, meals, childcare and other essential expenses.

What is the expected overall financial impact of this placement?

- ☐ Minimal – I anticipate only minor costs (e.g., meals, transport)
- ☐ Moderate – There will be some significant costs, but I can manage
- ☐ High – The placement will have a substantial financial impact on me
- ☐ Unsure – I'm not certain about the financial impact yet

How do you plan to cover expenses during the placement? (Select all that apply)

- ☐ Personal savings
- ☐ Financial support from family or friends
- ☐ Government Benefits (e.g. Centrelink)
- ☐ Scholarships or grants (not this one)
- ☐ Sponsorship from the organisation
- ☐ Part-time or casual employment
- ☐ Loan or credit
- ☐ Charity services
- ☐ Moving in with family
- ☐ Unsure at this time
- ☐ Prefer not to answer

Do you have any dependents or caregiving responsibilities? (Dependents may include children, spouses, or other individuals who rely on you for financial or personal support.)

- ☐ No, I do not have any dependents or caregiving responsibilities
- ☐ Yes, I have dependents who rely on me for financial or personal support
- ☐ I have dependents, but they are financially independent
- ☐ I have dependents, but they do not significantly affect my financial situation
- ☐ Unsure / Prefer not to answer

FINANCIAL SUPPORT & ASSISTANCE

Will you receive any financial assistance during your clinical placement? (Select all that apply)

- ☐ None
- ☐ Government Benefits (e.g. Centrelink)
- ☐ Scholarship or Grant (other than this one)
- ☐ Loans
- ☐ Parental/Guardian Support
- ☐ Employment Income
- ☐ Prefer not to answer

Are you currently receiving, or have you applied for, any other support related to this placement?
This may include free or subsidised accommodation, scholarships or grants from ASMIRT, other organisation or university, or any other form of financial assistance.

Please state "No" if not applicable.

If yes, please provide details:

Will you need to reduce your current paid employment hours to undertake this clinical placement?

- ☐ Yes – I will need to stop working completely
- ☐ Yes – I will significantly reduce my work hours
- ☐ Yes – I will slightly reduce my work hours
- ☐ No – I will maintain my current work hours
- ☐ I am not currently in paid employment

SELECTION CRITERIA

How will this funding support you in completing your clinical placement?

Please include any relevant details regarding loss of income or employment, or other financial challenges resulting from undertaking this placement.

(300 words)

CONTRIBUTION TO THE COMMUNITY

Contribution to the ASMIRT Community

Please indicate how you have been involved with ASMIRT.

Select all that apply:

- ☐ Volunteered with ASMIRT activities or committees
- ☐ Presented at an ASMIRT event, conference, or webinar
- ☐ Submitted a poster for an ASMIRT conference
- ☐ Serving/served as a student ambassador
- ☐ Involved with my State Branch on the Student Committee
- ☐ Attended my State Branch meetings
- ☐ Attended an ASMIRT event, conference, webinar (either in person or online)
- ☐ Organised or supported CPD activities or events
- ☐ Attended an ASMIRT conference
- ☐ Attended an ASMIRT webinar or online event
- ☐ Wrote an article for the ASMIRT Spectrum magazine
- ☐ Participated in ASMIRT networking or CPD events
- ☐ I have not yet been involved with ASMIRT

Contribution to the Wider Community

Have you participated in volunteering or community service activities outside of ASMIRT?

Select the option that best describes your level of involvement:

- ☐ Yes, I am actively involved in regular volunteering or community service
- ☐ Yes, I have participated in occasional or one-off community service activities

- ☐ No, but I am interested in getting involved in the future
- ☐ No, I have not been involved in community service
- ☐ Prefer not to answer

OUTCOME REQUIREMENT

Do you agree to participate in surveys regarding clinical placement experiences if required?

- ☐ Yes
- ☐ No

DOCUMENT UPLOAD

Brief current Curriculum Vitae (CV) (maximum 2 pages)

Student academic record that provides evidence of final year university enrolment

Please attach any relevant documents or supporting evidence, such as quotes or invoices for accommodation or travel costs, if available.

CONFIDENTIALITY STATEMENT

All information provided in this application will be treated as strictly confidential and will only be used for the purpose of assessing eligibility for the ASMIRT Clinical Placement Grant. Your personal details and responses will be accessed only by authorised ASMIRT staff and relevant selection committee members. No identifying information will be shared publicly without your consent. By submitting this application, you agree to these terms.

PERSONAL DECLARATION

I hereby declare that the information I have provided in this application is accurate to the best of my knowledge and agree to the terms and conditions. I understand that providing false or misleading information may result in my application being denied.

Signature:

(typing your name to signify agreement is considered a valid electronic signature)