



Surname:	Forename:	Date of Birth:	Scanner trained on:
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By signing this form, the trainee confirms that they have received and understood explanations for all elements of handling the MRI equipment and that they can take responsibility for:

- ***Performing the duties outlined for Level 0 operators (a level to which this individual is already qualified)***
- ***Operating the scan room controls to the standards expected at Level 0.***

By signing this form the trainer confirms that the trainee has demonstrated their understanding and competence for all elements listed above, and will abide by any restrictions placed on their operator status as listed below.

Restrictions of Level0 status	<i>List here any restrictions placed on the operator here named, e.g. specific projects they are allowed to train on, specific MRI protocols, hours of supervision, etc.</i>		
Trainee	<i>Signature:</i>	Date	
	<i>Print Name:</i>		
Trainer (L3 operator)	<i>Signature:</i>	Date	
	<i>Print Name:</i>		