

Licence Applicant as per Section 1 of RPA0001

SECTION 3: INFORMATION ABOUT THE INDIVIDUAL SEEKING AUTHORISATION UNDER THE LICENCE TO DEAL WITH RADIATION APPARATUS IONISING - TO BE USED IN CONJUNCTION WITH RPA0001 WHEN ADDING FURTHER PEOPLE

11 Title Given Name(s) Surname

Date of Birth Gender Job Title

Business Phone Business Fax

Business Mobile Business email

12 Category This is the category of person used for licensing purposes.

Radiation Safety Officer (if appropriately qualified)

Yes

No

13 YOUR intended dealing/s with the radiation apparatus

Use Possess Acquire

Store Repair Install

Sell (as a supplier) Service

Other

a) If you have ticked 'use' above, what are you going to 'use' the radiation apparatus on?

Humans

Animals

Inanimate objects – scientific or industrial practices

Inanimate objects – operational checks

b) What level of responsibility for checking the radiation apparatus will you have?

Carrying out routine checks and reporting if not satisfactory

Carrying out periodic (calibration) checks and suspending use if not satisfactory

Conducting testing following repairs or maintenance and authorising apparatus for use if the results of testing are satisfactory

c) Which apparatus will you be dealing with?

- Fixed radiography
- Mobile radiography
- Fixed radioscopy
- Mobile radioscopy
- Mobile capacitor discharge
- Mammography
- Computed tomography
- Nuclear Medicine computed tomography
- Cone beam volume computed tomography
- Intra oral (includes portable apparatus)
- Orthopantomograph (includes panoramic & cephalometric radiography)
- Bone mineral densitometer
- X-ray veterinary
- X-ray veterinary dental
- Simulator
- Linear accelerator
- Superficial x-ray
- X-ray analysis
- Industrial radiography
- Gauge
- Enclosed special
- On stream analysis
- Mobile security i.e. portable, battery-powered X-ray units for security purposes
- Baggage i.e. cabinet x-ray equipment for the purpose of examining letters, packages or baggage
- Other

14 Qualifications/training. Tick appropriate boxes *and attach evidence for each*

- Degree or Diploma or Certificate
- Current professional registration
- Current professional membership
- Licence, registration, accreditation or similar authorisation to deal with X-ray apparatus
- Radiation Safety Officer
- Radiation Protection

15 Experience

- a) I have worked and dealt with X-ray apparatus in the last three (3) years
- b) I have worked with X-ray equipment more than three (3) years ago
- c) I have never worked with X-ray equipment

Depending on your choice above provide details of your

- a) recent work with X-ray apparatus
- b) your past work with X-ray apparatus
- c) reasons as to why you should be authorised to deal with X-ray apparatus

NOT PROVIDING DETAILS OF EXPERIENCE MAY SLOW DOWN THE APPLICATION ASSESSMENT AS A HEALTH PHYSICIST WILL NEED TO CONTACT YOU TO DISCUSS THE APPLICATION

16 DECLARATION and PROBITY

PLEASE READ THIS CAREFULLY. IF YOU BELIEVE YOU CANNOT SIGN THIS DECLARATION PLEASE CONTACT THE RADIATION PROTECTION UNIT TO DISCUSS YOUR APPLICATION

I declare that the information I have provided in this application and in support of this application is complete and true. I understand that giving false or misleading information is a serious offence under the *Radiation Protection Act 2005*.

I accept that the Director of Public Health may obtain a report from the Commissioner of Police or a government department, statutory authority or agency in order to determine this application.

I have **NOT** been convicted of an offence in relation to any dealing with a dangerous good or radiation source. I have **NOT** been de-registered or had an accreditation, licence or any other authority cancelled which pertained to dealing with dangerous goods or radiation sources.

I have read the Personal Information Statement below and consent to the Department of Health and Human Services collecting, using and disclosing my personal information in order to assess this application and for other purposes permitted under the *Radiation Protection Act 2005*.

Personal Information Statement

Your personal information is collected in connection with an application for a licence under s 20 of the Radiation Protection Act 2005 and will be used by the Director of Public Health or his delegate and the Department of Health & Human Services for the purpose of managing, assessing, advising upon and determining the relevant application and may be used for other purposes permitted by the Radiation Protection Act 2005. Failure to provide the information may result in the application being delayed or not being considered. The information will be used for the primary purpose for which it is collected and may be disclosed to contractors and agents of the Department, the Radiation Advisory Council, regulatory authorities in other jurisdictions, law enforcement agencies, courts and other organisations authorised to collect it. Personal information will be managed in accordance with the Personal Information Protection Act 2004 and may be accessed by you on request to the Director of Public Health. You may be charged a fee for this service.

Full Name

Date

By ticking this box I confirm that I have read and understood all the statements above