

Department of Health



Radiation Protection Act 2005

APPLICATION FORM RPA0002

**APPLICATION FOR LICENCE TO DEAL WITH A RADIATION SOURCE Class 3B
Laser, Class 4 Laser, IPL, MRI**

SECTION 1: INFORMATION ABOUT THE APPLICANT - Blue pages

SECTION 2: INFORMATION ABOUT THE RADIATION SOURCE - Yellow pages

SECTION 3: INFORMATION ABOUT EACH PERSON - Orange pages

Please refer to 'Radiation Licence Information for Applicants' for further information on licensing. This information can be accessed at www.health.tas.gov.au

This form has been produced for radiation specialists, if you require this form in a different format, please contact Radiation Protection on (03) 6166 7256 or radiation.protection@health.tas.gov.au

INFORMATION ABOUT COMPLETING THE APPLICATION

- 1 This form is to be used by a person or other legal entity (**but not a trust**) to apply for a radiation licence.
- 2 In the case of a government department or public hospital, the applicant must be a natural person e.g. CEO, Secretary, or person with appropriate delegation.
- 3 If you intend to do any or all of the following, then you are ‘**dealing with radiation apparatus**’ and require a licence: **acquire, possess, store, use, manufacture, sell, install, service, repair, dispose of.**
- 4 The radiation licence can authorise a number of people and a number of radiation sources (radiation apparatus).
- 5 The completed form should be submitted by email to radiation.protection@health.tas.gov.au

Alternatively, if email is not available the form may be posted to: Radiation Protection Unit,
Department of Health, GPO Box 125, HOBART TAS
7001
- 6 During the application process, the Director of Public Health may consult with the applicant and may request further information to be provided within a specified period.
- 7 Licences are issued annually and expire on 31 August each year. The fee for a new licence is calculated pro rata on a daily basis, from the date on which the application is determined. Section 4 of this form shows the fees as per the *Radiation Protection Regulations 2016*.
- 8 Any dealing with a radiation source without a licence may be an offence under the *Radiation Protection Act 2005*.
- 9 If you require assistance please contact the Radiation Protection Unit on 03 6166 7256 or radiation.protection@health.tas.gov.au

Checklist

- Submit a **Radiation Management Plan** if your application includes ‘**possession**’ of radiation apparatus
- Submit separate pages for each radiation apparatus
- If the **apparatus** has been **previously authorised for use** on a Tasmanian radiation licence, and your application is also for use of the apparatus, submit a copy of the **current Tasmanian Certificate(s) of Compliance** for the apparatus (this should be available from the previous licence holder)
- If the apparatus is to be stored and/or used in a **place** that has been **previously authorised** for the storage and/or use of that type of apparatus, submit a copy of the **Certificate of Registration** for the place (this should be available from the previous licence holder)
- If the apparatus is to be stored and/or used in a **place** that has **not been previously authorised** for the storage and/or use of that type of apparatus, submit an **Application for a Certificate of Registration for a Radiation Place - RPA0101**
- Submit separate pages for each person proposing to deal with the radiation apparatus
- Submit copies of professional registration, qualifications, professional memberships, etc for each person named in Section 3 proposing to deal with the radiation apparatus

SECTION 1: INFORMATION ABOUT THE APPLICANT AND PURPOSE OF THE APPLICATION

The Applicant

If the application is approved, the applicant will be the licence holder. Radiation sources and people named in Sections 2 and 3 respectively, if approved, will form part of the licence.

The applicant is:

(Note Trusts cannot be licensed)

1 Full Name of the applicant

a) Job Title

If applicable: Trading name or Government department & operational unit

ABN (if applicable)

ACN (if applicable)

b) Where the applicant is a partnership

Names of all partners

c) Where the applicant is a company

Names of all directors and any other persons concerned with the management of the company

Please note the legal obligations/liabilities of the above people in Sections 78 & 79 of the Radiation Protection Act 2005

d) Where the applicant is a company

Name and address of parent organisation if applicable

e) Where the applicant is a partnership or company

Name of person authorised to sign on behalf of the partnership or company

Position of person authorised to sign on behalf of the partnership or company

2 Business address

Note: The full and correct physical address of the practice location is required

Number and Street

Town/Suburb

State

Postcode

3 Business contact details

Postal address (if different from above)

Town/Suburb

State

Postcode

Phone

Fax

Mobile

email

Full name of contact person for application queries (if different from person named in Question 1)

Job title of contact person for application queries (if different from person named in Question 1)

Further details of contact person for application queries (if different from person named in Question 1)

Phone

Fax

email

4 Purpose Description of the purpose for which a licence is required

5 Radiation Safety Officer

Name(s) of nominated Radiation Safety Officer(s) and any Deputy - see duties of Radiation Safety Officer in Regulation 9 (3) of Radiation Protection Regulations 2016. This nominated person(s) must also complete Section 3 of this application form

6 Type of Practice - choose one or more of these

Irradiation of persons

Irradiation of animals

Irradiation of inanimate objects (sell service, repair, install)

Irradiation of inanimate objects (for quality assurance purposes)

Irradiation of inanimate objects (scientific or industrial)

Other

AND one or more of these

Diagnostic	Research	Therapy
Dental	Industry	Cosmetic
Surgical	Sell, Service, Repair, Install	Chiropractic
Education	Entertainment	

7 Indicate all licence dealings necessary for this practice

Use	Possess	Store
Acquire	Sell (as a supplier only)	Service
Repair	Install	Dispose of
Manufacture		
Other		

8 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

As the applicant named in Question 1, or in the case of a partnership or company being a person authorised to sign on behalf of the partnership or company, I declare that the information provided in this application and in support of this application is to the best of my knowledge complete and true in every particular.

I understand that giving false or misleading formation is a serious offence under the *Radiation Protection Act 2005*.

I authorise the Director of Public Health to disclose information in relation to this application for the purposes of enabling the Director of Public Health to confirm the information provided in this application and in support of this application.

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, and in the case of a partnership or company, none of the partners or Directors have been convicted of an offence or been de-registered (as described above).

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 of individual or a person authorised to sign for a partnership/company
(named in 1 e above)

Date

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

SECTION 2: INFORMATION ABOUT THE RADIATION APPARATUS THE APPLICANT WISHES TO AUTHORISE UNDER THIS LICENCE - IF MORE THAN ONE Laser IPL or MRI UNIT SUBMIT A SEPARATE 'RPA002 New Licence Add Laser IPL MRI' FOR EACH ADDITIONAL UNIT

9 Apparatus

Class 4 laser

Class 3B laser

Intense Pulsed Light (IPL) for cosmetic purposes

Magnetic Resonance Imaging (includes NMR)

Manufacturer

Model

Laser Class or IPL Risk Group

Wavelength(s)

Power

MRI or NMR Magnetic Field Strength

Serial number (if known)

Date of manufacture (if known)

Proposed installation date

Supplier's name

Installation engineer's name (Not applicable if the unit plugs into a normal power outlet)

Installation engineer's Tasmanian radiation licence number (Not applicable if the unit plugs into a normal power outlet)

Tasmanian Certificate of Compliance number if the apparatus is already authorised in Tasmania (of the form YYYY-MM-DD-RAIN)

10 Premises

If the apparatus is to be stored and/or used in a currently registered place provide the registration certificate number. The number will be of the form AP###

Specify the room where the apparatus will be stored and/or used

If the apparatus is to be stored and/or used in a new place then you will need to apply to register that place using RPA0101

SECTION 3: INFORMATION ABOUT THE INDIVIDUAL SEEKING AUTHORISATION UNDER THE LICENCE TO DEAL WITH RADIATION APPARATUS NON- IONISING - IF MORE THAN ONE PERSON SUBMIT A SEPARATE 'RPA002 New Licence Add Person' FOR EACH ADDITIONAL PERSON

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 Sell (as a supplier)

Service Repair Install

Other

13 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

13 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

13 c) Which apparatus will you be dealing with?

Cosmetic IPL

Dental Laser

Entertainment Laser (Projector)

MRI

Ophthalmology Laser

Surface Profiling Laser

Other

Cosmetic Laser (Class 3B or Class 4)

Dermatological Laser

Low Intensity Laser Therapy (Class 3B only)

NMR

Scientific Laser

Surgical Laser

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

Degree or Diploma

Current professional registration

Current professional membership

Licence, registration, accreditation or similar authorisation to deal with the apparatus

Laser/IPL or Radiation Safety Officer course

15 Experience

a) I have worked and dealt with this type of equipment in the last three (3) years

b) I have worked with this type of equipment more than three (3) years ago

c) I have never worked with this type of equipment

Depending on your choice above provide details of your

a) recent work with this type of equipment

b) your past work with this type of equipment

c) reasons as to why you should be authorised to deal with this type of equipment

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 - by the person named in SECTION 3

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*.

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Full Name

Date

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