



Licence Applicant as per Section 1 of RPA0002

SECTION 3: INFORMATION ABOUT THE INDIVIDUAL SEEKING AUTHORISATION UNDER THE LICENCE TO DEAL WITH RADIATION APPARATUS NON- IONISING - USE SEPARATE PAGES FOR EACH 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	Cosmetic Laser (Class 3B or Class 4)
Dental Laser	Dermatological Laser
Entertainment Laser (Projector)	Low Intensity Laser Therapy (Class 3B only)
MRI	NMR
Ophthalmology Laser	Scientific Laser
Surface Profiling Laser	Surgical Laser
Other	

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*.

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