



**Licence Applicant as per Section 1 of RPA0003**

**SECTION 3: INFORMATION ABOUT THE INDIVIDUAL TO BE AUTHORISED TO DEAL WITH RADIOACTIVE MATERIAL  
 - 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 trained)**

- Yes
- No

**13 YOUR intended dealing/s with the radioactive material**

- |         |         |                      |
|---------|---------|----------------------|
| 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 source on?**

- Humans
- Animals
- Inanimate objects – scientific or industrial practices
- Inanimate objects – operational checks

**13 b) What level of responsibility for checking the radiation source will you have?**

- Work on or with an exposed source, eg: industrial, radiography, HDR brachytherapy, checking Sr-90 applicators and work with unsealed radioactive materials
- Wipe testing of a sealed source container
- Operate the shutter of a sealed source container

**13 c) Which category of sealed source container will you be dealing with?**

- |                                   |                                      |
|-----------------------------------|--------------------------------------|
| Density gauge                     | Level gauge                          |
| On stream analysis probe          | Belt mineral analyser                |
| Bench top analyser                | Mobile soil density & moisture gauge |
| Mobile moisture profiler          | Mobile bore hole logging             |
| Mobile industrial radiography     | HDR brachytherapy afterloader        |
| LDR brachytherapy seed applicator | Applicator                           |
| Check source                      | Spot marker                          |
| Gamma Irradiator                  | Gas Chromatograph                    |
| Ion chamber smoke detector        | Static eliminator                    |
| Other                             |                                      |

**14 Qualifications/training and authorisations. 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 radioactive material
- Radiation Safety Officer
- Radiation Protection

**15 Experience**

- I have worked and dealt with this type of radioactive material in the last three (3) years
- I have worked with this type of radioactive material more than three (3) years ago
- I have never worked with this type of radioactive material

**Depending on your choice above provide details of your**

- a) recent work with this type of radioactive material
- b) your past work this type of radioactive material
- c) reasons as to why you should be authorised to deal with this type of radioactive material

**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