

Radiation Protection Act 2005

Form RPA0005-Addition:

**APPLICATION FOR AMENDMENT OF LICENCE
TO DEAL WITH
RADIATION APPARATUS - NON-IONISING
(Addition of people and/or apparatus)**

SECTION 1: LICENCE TO WHICH AMENDMENT RELATES - Blue page

SECTION 2: NATURE OF AMENDMENT - Blue page

SECTION 3: AGREEMENT & AUTHORISATION - Blue page

SECTION 4: INFORMATION ABOUT THE PERSON - Orange pages

SECTION 5: INFORMATION ABOUT THE RADIATION APPARATUS - Yellow page

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

This form is to be used:

- when requesting approval to add people who need to be authorised on an existing licence because, for example, they have joined the practice, or are now working in a job where they will be dealing with the apparatus;
- or
- to request approval to add radiation apparatus to an existing licence.

1 The application must be in writing and an invoice for the prescribed fee of \$82.62 per amendment will be issued on receipt of your application. **Do not send payment with this application.**

2 The completed application should be returned by:

Email: radiation.protection@health.tas.gov.au, or

Post: **Radiation Protection Unit
Department of Health & Human Services
GPO Box 125
HOBART TAS 7001**

3 During the application process, the Director of Public Health may consult with the applicant and may, at any time, request further information to be provided within a specified period.

4 Where all relevant information is provided with the application and the application fee has been paid, the Director of Public Health will generally make a decision within 90 days from receipt of the application.

5 When returning the application, please ensure that:

- a) all relevant information has been provided;
- b) copies of required qualifications etc are attached, if relevant; and
- c) the application form has been signed.

Incomplete applications will cause delays

6 Any dealing with a radiation source without a licence may be an offence under the *Radiation Protection Act 2005*.

7 You are required to advise the Department of Health & Human Services as soon as possible of any changes to the information provided in this application.

8 If you have any questions about the application, or the licensing requirements generally, please contact the Radiation Protection Unit on (03) 6166 7256 or radiation.protection@health.tas.gov.au

SECTION 1: LICENCE TO WHICH THE AMENDMENT RELATES

1 Name of Licence Holder and Licence Number

2 Address

Number and Street

Town/Suburb

State

Postcode

3 Details of contact person for application queries

Name

Phone

email

SECTION 2 :This application for amendment is seeking to:

Add a new person to be authorised to deal with radiation apparatus - Complete this page and questions 4 to 9

Change the dealings of a person currently authorised to deal with radiation apparatus - Complete this page and questions 4 to 10

Appoint a new Radiation Safety Officer - Complete this page and questions 4 to 9

Add a new radiation apparatus to the licence - Complete this page and questions 10 to 13

SECTION 3: AGREEMENT AND DECLARATION

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.

Full Name of individual or a person authorised to sign as a licence holder or on behalf of a licence holder

Date

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

SECTION 4: INFORMATION ABOUT THE INDIVIDUAL SEEKING AUTHORISATION UNDER THE LICENCE TO DEAL WITH RADIATION APPARATUS NON- IONISING

4 Title Given Name(s) Surname

Date of Birth Gender Job Title

Business Phone Business Fax

Business Mobile Business email

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

Radiation Safety Officer (if appropriately qualified)

Yes

No

6 YOUR intended dealing/s with the radiation apparatus

Use Possess Sell (as a supplier)

Service Repair Install

Other

6 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

6 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

6 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	

7 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

8 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

9 DECLARATION and PROBITY - by the person named in SECTION 4

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

SECTION 5: INFORMATION ABOUT THE RADIATION APPARATUS THE APPLICANT WISHES TO AUTHORISE UNDER THIS LICENCE

10 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)

11 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