

9 Title

Licence Applicant as per Section 1 of RPA0015

Given Name(s)

SECTION 3: INFORMATION ABOUT THE INDIVIDUAL TO BE AUTHORISED TO TRANSPORT RADIOACTIVE MATERIAL - USE RPA0015 New Licence Add Person FOR ADDITIONAL PERSONS

Surname

	,		
Date of Birth	Gender	Job Title	
Business Phone		Business Fax	
Business Mobile		Business email	
10 Category This is th	ne category of person us	sed for licensing purposes.	
Courier			
Other			
Radiation Safety Offic	er (if appropriately train	ed)	
Yes			
No			
11 YOUR intended dea	aling/s with the radioact	ive material	
Transport			
12 Qualifications/train for each	ing and authorisations.	Tick appropriate boxes and attach evidence	•
Dangerous Goods	Training		
Licence, registration	n, accreditation or similar	authorisation to deal with radioactive material	
13 Experience			
I have worked and	dealt with this type of radi	oactive material in the last three (3) years	
I have worked with	this type of radioactive ma	aterial more than three (3) years ago	
I have never worked	d with this type of radioac	tive 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

14 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