

Department of Health  
Public Health Services



***Radiation Protection Act 2005***

**APPLICATION FORM RPA0201**

**APPLICATION FOR ACCREDITATION TO ISSUE CERTIFICATES OF COMPLIANCE FOR RADIATION PLACES**

SECTION 1: INFORMATION ABOUT THE APPLICANT - Blue pages

SECTION 2: INFORMATION ABOUT THE RADIATION PLACE - Yellow pages

SECTION 3: QUALIFICATIONS AND EXPERIENCE OF THE APPLICANT - Orange pages

Please refer to 'Information for persons seeking accreditation certificates'.  
For further information on accreditation [www.dhhs.tas.gov.au/publichealth/radiation](http://www.dhhs.tas.gov.au/publichealth/radiation)

**SECTION 1: INFORMATION ABOUT THE APPLICANT**

**1 Full Name of the applicant**

Date of Birth

Gender

Male

Female

ABN (if applicable)

ACN (if applicable)

**2 Business address -** Number and Street

Town/Suburb

State

Postcode

Phone

Fax

Mobile

email

Postal address (if different from above)

Town/Suburb

State

Postcode

**3 For what period do you seek accreditation to assess radiation places? An invoice will be issued to you on receipt of your application**

One Year \$165.24

Two Years \$291.60

Three years \$405.00

**4 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, 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.

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 2: INFORMATION ABOUT THE RADIATION PLACE THE APPLICANT WISHES TO ASSESS AND CERTIFY UNDER THIS AUTHORITY. Tick all relevant boxes below**

**5 Places where radiation apparatus are stored and used for:**

medical, industrial, scientific or cosmetic purposes involving class 3B lasers, class 4 lasers or Intense Pulsed Light (IPL) units

diagnostic or interventional radiology with fixed or mobile radiographic x-ray units (including veterinary radiography)

diagnostic or interventional radiology with fixed or mobile fluoroscopic x-ray units (including veterinary radiography)

diagnostic or interventional radiology with computed tomography x-ray units

therapeutic x-ray procedures with linear accelerators (including veterinary radiation therapy)

therapeutic x-ray procedures with superficial x-ray units (including veterinary radiation therapy)

laboratory or industrial testing or analysis with non-medical x-ray units (x-ray analysis, x-ray diffraction or enclosed x-ray equipment for special applications)

industrial radiography with industrial radiographic x-ray units, excluding open sites

**6 Places where radioactive material is stored and used for:**

high dose rate brachytherapy procedures

industrial purposes (sealed sources)

industrial radiography, excluding open sites

nuclear medicine procedures

nuclear medicine procedures including I-131 therapy for inpatients

veterinary nuclear medicine procedures

scientific, medical or industrial purposes ('low level laboratory')

### **SECTION 3: QUALIFICATIONS AND EXPERIENCE OF THE APPLICANT**

#### **7 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 radiation sources

#### **8 Experience**

I have assessed these classes of places within the last three (3) years

I have assessed these classes of places more than three (3) years ago

I have never assessed these classes of places

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

- a) recent work assessing these classes of places
- b) your past work assessing these classes of places
- c) reasons as to why you should be authorised to assess these classes of places

**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 INFORMATION ABOUT METHODOLOGY USED TO ASSESS THESE CLASSES OF PLACES**

Please provide information about the software or other tools you intend to use to perform radiation shielding assessments