

Department of Health
Public Health Services



Radiation Protection Act 2005

APPLICATION FORM RPA0202

APPLICATION FOR ACCREDITATION TO ISSUE CERTIFICATES OF COMPLIANCE FOR RADIATION SOURCES

SECTION 1: INFORMATION ABOUT THE APPLICANT - Blue pages

SECTION 2: INFORMATION ABOUT THE RADIATION SOURCE - 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

INFORMATION ABOUT COMPLETING THE APPLICATION

- 1 This form is to be used by a person to apply for an accreditation to certify radiation places.
- 2 The completed form should be submitted by email by clicking the button on the front page of the application. Alternatively, if email is not available the form may be posted to: Radiation Protection Unit, Department of Health, GPO Box 125, HOBART
TAS 7001
- 3 During the application process, the Director of Public Health may consult with the applicant and may request further information to be provided within a specified period.
- 4 If you require assistance please contact the Radiation Protection Unit on 03 6166 7256 or radiation.protection@health.tas.gov.au

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 \$165.2

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 APPARATUS THE APPLICANT WISHES TO TEST UNDER THIS AUTHORITY. Tick all relevant boxes below

5 Radiation Apparatus

Fixed radiography

Mobile radiography

Fixed radioscopy

Mobile radioscopy

Mobile capacitor discharge

Mammography

Computed tomography

Nuclear Medicine CT

Cone beam volume computed tomography

Intra oral (includes portable apparatus)

Orthopantomograph (includes panoramic & cephalometric radiography)

Bone mineral densitometer

X-ray veterinary

X-ray veterinary dental

Simulator

Linear accelerator

Superficial x-ray

X-ray analysis

Industrial radiography

Gauge

Enclosed special

On stream analysis

Mobile security i.e. portable, battery-powered X-ray units for security purposes

Baggage i.e. cabinet x-ray equipment for the purpose of examining letters, packages or baggage

Class 3 B laser

Class 4 laser

IPL

MRI/NMR

6 Sealed Source Device

Static Radiation Gauge (Beta Gauge, Density Gauge or Level Gauge)

On Stream Analysis Probe

Belt Mineral Analyser

Bench Top Analyser

Mobile Soil Density and Moisture Gauge

Mobile Moisture Profiler

Mobile Bore Hole Logging

Mobile Industrial radiography

HDR Brachytherapy Afterloader

LDR Brachytherapy Seed Applicator

Gamma Irradiator

Portable Mass Gauge

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 radiation source within the last three (3) years

I have assessed these types of radiation sources more than three (3) years ago

I have never assessed these types of radiation sources

Depending on your choice above provide details of your

a) recent work assessing these types of radiation sources

b) your past work assessing these types of radiation sources

c) reasons as to why you should be authorised to assess these types of radiation sources

**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 TEST EQUIPMENT

Pease provide information about the instruments you intend to use to test and certify these types of radiation sources