

How to fill out the radiation application form

For Licence's to deal with a radiation source

- **Section 1:** Circle the relevant box, either licence and/or amendment to a current licence. For an amendment you need to quote your current licence number.
- **Section 2:** Provide your personal and work details. List your current occupation and if applicable board registration number (doctor, dentist, etc). For amendments provide new details. Note: An organisation cannot apply to use a radiation source. An individual staff member/s must apply. They must be competent to use a radiation source, including installation, repair and testing.
- **Section 3:** Tick one or more of the categories relevant to your application.
- **Section 4:** Requires documentation of training and or qualifications that demonstrate competency to deal with the radiation source. The National Directory provides a guide for assessing competency requirements to deal with radiation sources for specific practices. If your practice is not listed within the National Directory, the ACT Radiation Council will assess your competency. To enable the Radiation Council to determine your competency to deal with a radiation source, you should provide documentation indicating your appropriate qualifications and experience. The documentation should include details of the training undertaken and competency achieved.
- **Section 5:** To be completed if purchasing and/or installing radiation sources.
- **Section 6:** Not applicable to a licence application.
- **Section 7:** Read and complete the declaration details. An unsigned and/or undated form will be returned to you. Organise preferred payment. Note: all fees are per annum.

To register a radiation source (Owners to complete the form)

- **Section 1:** Circle the relevant box, either registration and/or amendment. For an amendment you need to quote your current registration number of the radiation source.
- **Section 2:** Complete the personal details and premises address as the owner of the radiation source. The contact detail should be the person responsible for the radiation source that ACT Health may contact if required.
- **Section 3:** Not required to be completed for registration applications.
- **Section 4:** Not required to be completed for registration applications.
- **Section 5:** To be completed if purchasing and/or installing radiation sources.
- **Section 6:** The details of the radiation source may require provision of serial numbers, model numbers, isotope identification or activity levels to enable identification of the radiation source. In the case of an apparatus or material a copy of the installation sheet or ARPANSA import permit must be supplied. Note: each source requires a separate application. A shielding plan (for new premises or renovated premises only) and radiation management plan must be included with the application, or registration will not be processed. Documentation should be provided to enable identification of the source, activity level and location.
- **Section 7:** Read and complete the declaration details. An unsigned and/or undated form will be returned to you. Organise preferred payment. Note: all fees are per annum.

Health Protection Service
Howard Florey Centenary House
25 Mulley St, Holder
Locked Bag 5, Weston Creek ACT 2611
Phone: (02) 6205 1700 Fax: (02) 6205 1705
Email: hps@act.gov.au
Web site: www.health.act.gov.au



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ANNUAL RADIATION APPLICATION

Radiation Protection Act 2006

Please refer to information sheet to assist with the correct completion of the application

1. Type of application (please tick relevant box below)

Registration <input type="checkbox"/> Radiation source (fee required)	Licence <input type="checkbox"/> Person or Company (fee required)	Amendment <input type="checkbox"/> Licence or Registration (fee exempt)	Current No: RS ____/____
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2. Details of Applicant

Name Given names: _____ Surname: _____

Company/employer ACN No: _____ ABN No: _____

Premises address _____

Suburb: _____ State: _____ Postcode: _____

Postal address _____

Contact details Contact Person: _____

Tel: _____ Mobile: _____

Fax: _____ Email: _____

Occupation _____ Current board registration number: _____

3. Licence dealing categories

Please tick more than one if necessary

Manufacture <input type="checkbox"/>	Supply <input type="checkbox"/>	Use <input type="checkbox"/>
Possess <input type="checkbox"/>	Dispose <input type="checkbox"/>	Store, pack / transport <input type="checkbox"/> (Radiation material only)

4. Details of relevant training (attach copies of certificates)

5. Installation information

Suppliers licence RS No: _____ Date of purchase: _____

Installers licence RS No: _____ Date of installation: _____

6. Details of source

Details of the radiation source: Apparatus Material

Describe proposed use: (tick one only)

Dental <input type="checkbox"/>	Medical <input type="checkbox"/>	Chiropractic <input type="checkbox"/>	Industrial <input type="checkbox"/>
Veterinary <input type="checkbox"/>	Research <input type="checkbox"/>	Security <input type="checkbox"/>	Other <input type="checkbox"/>

Address of where source is kept:
(include: room no./ floor/ building) _____

Manufacturer _____

Model _____

Serial No. _____ Tube Head No. _____

Maximum operating parameters kVp _____ mA _____

Security Plan attached? (If required) Yes No

Radiation management plan attached? Yes No Shielding plan attached? Yes No

7. Declaration




I declare that I am authorised to supply all the information above and that all the information supplied on this form is true and correct and there are necessary records and or documentation to support this registration or licence. Provision of false or misleading information may be a criminal offence. Information is collected for registration and licence purposes and will not be provided to other parties without consent, or if otherwise required by law.

Note: Failure to submit all required information and documentation may delay your application.

Name: _____ Date: _____

Signature: _____ Contact number: _____

8. How to Pay

 Fax: 6205 1705 MasterCard / Bankcard / Visa accepted (Not accepted where plans are involved)	 By Mail: Health Protection Service Locked Bag 5 Weston Creek ACT 2611.
 In Person: Health Protection Service 25 Mulvey Street Holder ACT 2611	Please Note: 1. All paperwork must be completed and signed. 2. Where supporting documents are involved copies must be received with the application before processing can begin. 3. Only send <u>one</u> application by mail whether by mail, fax or email etc.

9. Payment Method

Please Tick (✓) **Cash** **Cheque** **Credit Card**

Note: Cheque should be made payable to ACT Health.

Contact Person _____

Business Trading Name (and/or Property Name) _____

Type of Credit Card - Please Tick (✓) **Visa** **Master Card** **Bankcard**

Credit Card No _____ **Expiry Date** _____

Cardholders' Name _____

Fee **\$182.30**

I agree for the Health Protection Service to debit my account for the above fee.

Card Holder's Signature: _____ Date: ____/____/____

Daytime Phone No: _____

OFFICE USE ONLY

File No: File No: