

Application for a Radiation Safety Officer Certificate



To the Chief Executive:

Client Number

1. Name of Applicant *(include full name and title)*

Title	Surname	Given name(s)
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2. Address *(for correspondence)*

Postcode

3. Telephone Number *(work)* Fax Number E-mail Address

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4. Qualifications/Training *(include a certified copy of your qualifications and/or other certificate(s) relevant to this application)*

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5. Skills, competency, knowledge, experience *(include supporting documentation as verification)*

6. Type of radiation practice for which a radiation safety officer certificate is sought *(Please tick appropriate box on the next page)*

7. Have you

- a) been convicted of an indictable offence? Yes No
- b) been convicted of an offence against this Act or a corresponding law? Yes No
- c) held a certificate under this Act, or a similar instrument under a corresponding law, that was suspended or cancelled? Yes No

If the answer is "yes" to any of the above, please attach details.

8. Please state the term of the certificate you are seeking *(Choose 1, 2 or 3 years only.)* years

9. Payment of fees *(Please note that this application will not be complete unless the appropriate fees are included when the application is made.)*

The fees payable with this application have been calculated by the applicant to be \$

Payment information *(Note: This is a GST free item. Queensland Health ABN: 66 329 169 412)*

- Cheque or Money Order enclosed *(payable to Queensland Health)*
- Payment by Credit Card *(Please complete the 'Credit Card Payments' section on the page attached to this form)*

Privacy Statement: The Department of Health provides this form under the Radiation Safety Act 1999 so that you may apply for an Act Instrument. The information and documents collected for the purpose of this application may be accessible by authorised departmental persons. Licence details of successful applicants will be publicly available on the department's register of holders of licences and certificates as required by the Act. The department will not disclose your personal information or supporting documents to third parties without your consent unless required or authorised by law.

Signature of Applicant: _____ Date: _____

Please turn over →

Type of radiation practice (please tick one of the following boxes)

- Diagnostic radiography**
Diagnostic radiography involving ionising radiation apparatus
Plain film diagnostic radiography involving ionising radiation apparatus
Plain film diagnostic radiography of animals involving ionising radiation apparatus
- Intra-oral and extra-oral dental radiography**
Intra-oral and extra-oral dental radiography involving ionising radiation apparatus
Intra-oral dental radiography involving ionising radiation apparatus
- Nuclear Medicine and Pathology**
Diagnostic and therapeutic nuclear medicine procedures involving radioactive substances
Pathology procedures involving radioactive substances
- Radiation Therapy**
Radiation therapy involving ionising radiation apparatus
Radiation therapy involving radioactive substances
- Lasers**
Health and cosmetic procedures involving laser apparatus
- Borehole logging**
Borehole logging involving sealed radioactive substances
- Chemical analysis**
Chemical analysis involving ionising radiation apparatus
Chemical analysis involving sealed radioactive substances
- Industrial radiography**
Industrial radiography involving ionising radiation apparatus
Industrial radiography involving sealed radioactive substances
- Industrial gauging**
Industrial gauging involving ionising radiation apparatus
Industrial gauging involving sealed radioactive substances
- Moisture and density measurements**
Discrete moisture and density measurements involving sealed radioactive substances incorporated in soil density or moisture gauges
- Research and teaching**
Research involving ionising radiation apparatus
Research involving sealed radioactive substances
Research involving unsealed radioactive substances
Teaching involving ionising radiation apparatus
Teaching involving radioactive substances
- Cabinet inspection**
Inspection of objects or goods involving cabinet radiation apparatus
- Other, please specify:**

Signature of Applicant: _____ Date: _____

Note for the applicant

The Information Privacy Act 2009 sets out the rules for the collection and handling of personal information by the Department of Health. For information about how the Department of Health protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.qld.gov.au.

Fees to accompany application

Application and Certificate Fee

- Holder of a current certificate — \$82.50
- New certificate up to 1 year — \$141.50
- New certificate up to 2 years — \$200.50
- New certificate up to 3 years — \$259.50

The \$82.50 application fee (included in the above costs) is not refundable if this application is unsuccessful.

Credit Card payments

(Complete this section if you wish to pay the fees for this application by MasterCard or Visa Card.)

Name of Applicant *(The name stated here should be the same as the name stated in section 1 on the application form.)*

Please charge the fees payable \$ to my MasterCard Visa Card

Name on card *(Please print)*

Card Number

Expiry Date /

Signature of cardholder

Date

CHECK LIST

- Supporting documentation is attached *(Refer to Q4, 5 and 7)*
- The prescribed application and certificate fees are enclosed
- All questions have been responded to
- The application form (2 pages) is signed and dated

RETURN COMPLETED FORM TO:

The Chief Executive
c/- Radiation Health Licensing
Health Protection Unit
Queensland Department of Health
PO Box 2368
FORTITUDE VALLEY BC QLD 4006

ENQUIRIES

Email: radiation_health@health.qld.gov.au

Phone: (07) 3328 9310