

Application for an Accreditation Certificate



To the Chief Executive:

Client Number

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

Title	Surname	Given name(s)
-------	---------	---------------

Address *(for correspondence)*

2.

Postcode

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

--	--	--

Please note: Your contact details will appear on a publicly available register.

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

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

6. Type of radiation source or premises for which you wish to issue a certificate of compliance
(please tick the 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 last page of this form)*

Signature of Applicant: _____ Date: _____

Please turn over →

Type of compliance certificate the applicant intends to be allowed to issue - please tick only one box

Radiation sources - health care related

- Radiation apparatus used to carry out diagnostic radiography, excluding computed tomography, mammography, fluoroscopy and intra-oral dental diagnostic radiography
- Radiation apparatus used to carry out fluoroscopy
- Radiation apparatus used to carry out computed tomography
- Radiation apparatus used to carry out film-screen mammography
- Radiation apparatus used to carry out intra-oral dental diagnostic radiography
- Laser apparatus used to carry out cosmetic or health related procedures on human beings

Radiation sources - non-health care related

- Radiation apparatus used to carry out plain film radiography of inanimate objects
- Cabinet radiation apparatus used to carry out fluoroscopic or radiographic imaging of inanimate objects
- Radiation apparatus used to carry out diagnostic radiography of animals
- Radiation apparatus used to carry out industrial radiography
- Radiation apparatus used to carry out chemical analysis
- Radiation apparatus used to carry out industrial gauging
- Sealed radioactive substances incorporated in sealed source apparatus used to carry out industrial radiography
- Sealed radioactive substances incorporated in sealed source apparatus used to carry out chemical analysis
- Sealed radioactive substances incorporated in sealed source apparatus used to carry out industrial gauging
- Sealed radioactive substances incorporated in sealed source apparatus used to carry out borehole logging
- Sealed radioactive substances incorporated in sealed source apparatus used to carry out moisture/density measurements
- Radiation apparatus used to carry out sterilisation
- Sealed radioactive substances incorporated in sealed source apparatus used to carry out irradiation

Premises

- Premises at which a laser apparatus is used to carry out cosmetic or health related procedures
- Premises at which a radioactive substance is stored
- Premises at which a radiation apparatus is used to carry out diagnostic radiography (including veterinary radiography)
- Premises at which a radiation apparatus is used to carry out radiation therapy (including veterinary radiation therapy)
- Premises at which a radioactive substance is used to carry out high or pulsed rate brachytherapy
- Premises at which a radiation apparatus is used to carry out chemical analysis
- Premises at which a radiation source is used to carry out industrial gauging
- Premises at which a radiation source is used to carry out industrial radiography, excluding open sites
- Premises at which a radiation source is used as part of a nuclear medicine practice
- Other—please specify:

Signature of Applicant: _____ Date: _____

Fees to accompany application

Note for the applicant—Application for an Accreditation Certificate:

The \$205.00 application fee is not refundable if this application is not successful.

Calculation of the fee payable with this application

Step 1 Choose the desired term for this certificate (*Choose 1, 2 or 3 years only*) years **A**

Step 2 Certificate fee payable

Certificate fee: \$102.50 for a certificate term of up to one year; \$205.00 for up to two years; \$307.50 for up to three years

For a certificate term of A years, the certificate fee payable is \$ **B**

Step 3 Calculation of the fee payable with this application

Fee payable = \$205.00 application fee + certificate fee
= \$205.00 + B = \$

Credit Card payments.

(This section need only be completed if the applicant wishes to pay the fees payable with this application by Mastercard, Bankcard or Visa Card. Do not detach this section.)

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

Please charge the fees payable \$ to my Mastercard Bankcard Visa Card

Card number Expiry date /

Name on card (*Please print*)

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

ENQUIRIES

Email: radiation_health@health.qld.gov.au
Phone: (07) 3328 9987 **Fax:** (07) 3328 9622

RETURN COMPLETED FORM TO:

The Licensing Officer
Radiation Health Unit

Physical Address:

15 Butterfield Street
HERSTON QLD 4006

Postal Address:

PO Box 2368
FORTITUDE VALLEY BC QLD 4006

THIS FORM IS TO BE COMPLETED IF THE APPLICANT FOR AN ACT INSTRUMENT IS AN INDIVIDUAL OR HAS A NOMINATED PERSON

Important Information

1. Where applicable, attach supporting documentation to support a name change.
2. 'Act instrument' means a licence, accreditation certificate, radiation safety officer certificate or approval.
3. If the application for an Act Instrument relates to a security enhanced source, this form must be completed by the Nominated Person (i.e. the person who has been appointed to oversee the security of the security enhanced source).

Applicant Details

Surname:

Given name(s):

Date of Birth: / /
(dd/mm/yyyy)

Residential Address

Address:

Suburb:

State: Post Code:

Postal Address *(if same as residential address, write 'AS ABOVE')*

Address:

Suburb:

State: Post Code:

Information to be Submitted

You are required to provide two documents which prove your identity as follows:

1. one **certified** copy of a document from the attached list of Primary Identity Documents; and
2. one **certified** copy of a document from the attached list of Secondary Identity Documents.

'Certified copy' means a copy of an original document that has been certified by a **justice of the peace or a notary public** as being a correct copy of the original document.

Note: The proof of identity documents **will not** be accepted if the:

- copies have been certified by a person other than a justice of the peace or notary public; or
- copies have been certified by a Commissioner for Declarations as defined in Queensland's *Justices of the Peace and Commissioners for Declarations Act 1991*; or
- copies are not the originally signed certified copies (faxed or emailed copies of certified copies **will not** be accepted).

Declaration by Applicant

I declare that the information I supplied in this form is complete, truthful and correct in every detail.

Signature of Applicant Date

Declaration by Witness

I declare I am satisfied that the applicant who signed this form is the person mentioned in the documents I have certified.

Signature of Justice of the Peace or Notary Public Date
*(Note: Certification from a Commissioner for Declarations **will not** be accepted)*

PRIMARY IDENTITY DOCUMENTS

1. Australian birth certificate
2. overseas birth certificate accompanied by a passport or Australian visa document issued by the Commonwealth Department of Immigration and Citizenship
3. document of identity recognised by the Commonwealth Department of Immigration and Citizenship
4. Australian passport that is current or has not been expired for more than 2 years
5. current foreign passport
6. document evidencing Australian citizenship issued by the Commonwealth Department of Immigration and Citizenship
7. Australian driver's licence that is current or has not been expired for more than 2 years

SECONDARY IDENTITY DOCUMENTS

1. current identification card issued by the Commonwealth or State as evidence of the person's entitlement to a financial benefit—examples include seniors health card, health care card, Medicare card, pensioner concession card or entitlement card issued by the Department of Veteran's Affairs
2. current account card or credit card, issued by a financial institution, that contains the person's name and signature
3. account statement issued by a financial institution within the previous year
4. document evidencing discharge from military service within the previous 2 years
5. student identification card containing the person's photograph and signature that is current or has not been expired for more than 2 years
6. document evidencing enrolment in an educational institution within the previous 2 years
7. document evidencing electoral enrolment within the previous 2 years
8. utilities account statement issued by a utilities provider within the previous year
9. notice of land valuation, water rates or council rates issued within the previous year