

Radiation Protection Act 2005

Form RPA0204:

**APPLICATION FOR RENEWAL:
CERTIFICATE OF ACCREDITATION
TO ISSUE CERTIFICATES OF COMPLIANCE
FOR RADIATION SOURCES**

SECTION 1: INFORMATION ABOUT THE APPLICANT

SECTION 2: DURATION OF THE CERTIFICATE OF ACCREDITATION

SECTION 3: INFORMATION ABOUT THE RADIATION SOURCE

SECTION 4: QUALIFICATIONS AND EXPERIENCE OF THE APPLICANT

SECTION 5: INFORMATION ABOUT TEST EQUIPMENT

SECTION 6: AGREEMENT & AUTHORISATION

Please refer to 'Information for persons seeking accreditation certificates' for further information on accreditation. This information can be accessed at http://www.dhhs.tas.gov.au/peh/radiation_protection

INFORMATION ABOUT COMPLETING THE APPLICATION

This form is to be used:

- when the applicant is a person making application for re- accreditation to issue certificates of compliance for radiation sources.

1 The application must be in writing. DO NOT send payment with your application. An invoice for the prescribed fee of \$154.02 for one year; or \$271.80 for two years; or \$377.50 for three years will be issued on receipt of your application. This fee is refundable if your application is not successful.

2 The completed application should be returned by:

Email: radiation.protection@dhhs.tas.gov.au, or

Fax: **03 6222 7257**, or

Post: **Radiation Protection Unit
Department of Health & Human Services
GPO Box 125
HOBART TAS 7001**

Only return relevant, completed pages

3 During the application process the Director of Public Health may consult with the applicant and may, at any time, request further information to be provided within a specified period.

4 Where all relevant information is provided with the application and the application fee has been paid, the Director of Public Health will generally make a decision within 90 days from receipt of the application.

5 When returning the application, please ensure that:

- a) all relevant information has been provided;
- b) copies of required qualifications etc are attached; and
- c) the application form has been signed.

Incomplete applications will cause delays

6 If you have any questions about the application, or the application process, please contact the Radiation Protection Unit on (03) 6166 7256 or radiation.protection@dhhs.tas.gov.au

SECTION 1: INFORMATION ABOUT THE APPLICANT

I Applicant

Title (Mr, Mrs, Dr)	Given name(s)	Surname
Date of birth	Sex	M / F
Job title		
Current accreditation number A _____		

2 Business contact details

* Postal address		
Town/suburb	State	Postcode
Address and name of person for invoice/receipt (if different from above)		
Town/suburb	State	Postcode
* Phone	* Fax	
* Mobile	* Email	

*** These details will be listed on the Department of Health & Human Services web site if your application is successful.**

SECTION 2: DURATION OF CERTIFICATE OF ACCREDITATION

3 For what period do you seek re-certification?

Tick appropriate box

- One year (\$154.02) Two years (\$271.80) Three years (\$377.50)

Do **not** include payment with this application. An invoice will be sent to you.

SECTION 3: INFORMATION ABOUT THE RADIATION SOURCE

4 Do you wish to add new or delete any current classes of radiation sources ?

Circle as appropriate

YES (mark the relevant boxes below)

NO - retain current classes of sources (already marked below)

4b Classes of Ionising radiation apparatus

Add	Delete	Current	Add	Delete	Current
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fixed Radiography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> X-ray Veterinary
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mobile Radiography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> X-ray Veterinary Dental
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fixed Radioscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Simulator
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mobile Radioscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Linear Accelerator
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mobile Capacitor Discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Superficial X-ray
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mammography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> X-ray Analysis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Computed Tomography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Industrial Radiography
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hybrid Computed Tomography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Gauge
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cone Beam Volume Computed Tomography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Enclosed Special
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Intra Oral (includes portable apparatus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On Stream Analysis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Orthopantomograph (includes panoramic & cephalometric radiography)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mobile security i.e. portable, battery-powered X-ray units for security purposes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bone Mineral Densitometer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Baggage i.e. cabinet X-ray equipment for the purpose of examining letters, packages or baggage

4c Classes of Non-ionising radiation apparatus

Add	Delete	Current	Add	Delete	Current
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Class 3B laser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Class 4 laser
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IPL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Magnetic Resonance Imaging/NMR

4d Classes of Radioactive Material

Add	Delete	Current	Add	Delete	Current
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Applicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mobile Industrial Radiography
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HDR Brachytherapy after loader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mobile Moisture Profiler
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LDR Brachytherapy seeds applicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mobile Soil Density & Moisture Gauge
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Belt Mineral Analyser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On Stream Analysis Probe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bench Top Analyser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Static Eliminator
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Gamma Irradiator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Static Radiation Gauge (Beta Gauge, Density Gauge or Level Gauge)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mobile Bore Hole Logging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Portable Mass Gauge
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Gas chromatograph Ni-63 source

SECTION 4: QUALIFICATIONS AND EXPERIENCE OF THE APPLICANT

5 Qualifications/training

Since your previous application for accreditation have you:

- received additional training? **YES / NO** (circle as appropriate)
- received additional qualifications? **YES / NO** (circle as appropriate)

Indicate below any additional qualifications and/or training and attach the evidence when submitting this application.
Tick appropriate box or boxes

- | | |
|---|---|
| <input type="checkbox"/> Tertiary qualification(s) | <input type="checkbox"/> Radiation protection training course certificate |
| <input type="checkbox"/> Current professional registration certificate | <input type="checkbox"/> Radiation Safety Officer training course certificate |
| <input type="checkbox"/> Current professional membership certificate | <input type="checkbox"/> Current accreditation certificate(s) issued by interstate radiation accreditation authority(ies) |
| <input type="checkbox"/> Licence(s) issued by interstate radiation licensing authority(ies) | <input type="checkbox"/> Other (please specify) |

6 Experience

Have you performed testing and certifying of current and proposed classes of radiation sources in the last three years?

Yes - State which classes of source(s), as per list in Question 4, when and in which State/Territory

No - Give reason

7 Availability for Interview

You will be required to participate in an interview (in person or by phone) to satisfy the Director of Public Health of your knowledge and skills. This interview will generally take place within 42 days of receipt of your application. An officer from the Radiation Protection Unit will contact you to arrange a mutually acceptable date and time.

SECTION 6: AGREEMENT & AUTHORISATION

9 Probity – convictions/deregistration

Have you in relation to any dealing with a radiation source or a dangerous good, whether in Tasmania or elsewhere

- a) been convicted of an offence, or Yes No
b) had revoked any licence, registration, accreditation or other authorisation? Yes No

If the answer is “yes” to either of the above, attach details of the circumstances and reasons why there is no cause to reject your application.

Do you wish to declare any other matters relevant to the determination of this application?

- No
 Yes (attach details)

10 DECLARATION

I, _____
(please print full name)

- a) hereby 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;
b) understand that giving false or misleading formation is a serious offence under the *Radiation Protection Act 2005*;
c) hereby declare that I know and 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; and
c) 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.

Signature _____ Date _____

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.

Checklist of Attachments

- Copies of additional qualifications, professional memberships, interstate accreditation certificates, etc
 Statement relating to probity – convictions/deregistration, if required