

Application for a Licence to Use a Radioactive Substance



To the Chief Executive:	Client Number			
1. Name of Applicant <i>(include full name and title)</i>				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">Title</td> <td style="width: 45%; padding: 2px;">Surname</td> <td style="width: 30%; padding: 2px;">Given name(s)</td> </tr> </table>		Title	Surname	Given name(s)
Title	Surname	Given name(s)		
2. Address <i>(for correspondence)</i>				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 20px;"></td> </tr> <tr> <td style="padding: 2px; text-align: right;">Postcode</td> </tr> </table>			Postcode	
Postcode				
3. Telephone Number <i>(work)</i> Fax Number E-mail Address				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> </table>				
4. Qualifications and profession <i>(include certified copies of your qualifications, professional registration certificates and/or other certificates relevant to this application)</i>				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">Qualifications:</td> <td style="width: 40%; padding: 2px;">Profession:</td> </tr> </table>		Qualifications:	Profession:	
Qualifications:	Profession:			
5. Experience in the use of radioactive substances <i>(include supporting documentation as verification)</i>				
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6. Location where you intend to use the radioactive substance(s)				
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7. Purpose for which this licence is required <i>(Please complete the following two pages.)</i>				
8. Have you				
a) been convicted of an indictable offence?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
b) been convicted of an offence against this Act or a corresponding law?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
c) held a licence under this Act, or a similar instrument under a corresponding law, that was suspended or cancelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If the answer is "yes" to any of the above, please attach details.</i>				
9. Please state the term of the licence you are seeking <i>(Choose 1, 2 or 3 years only.)</i>				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; height: 20px;"></td> <td style="width: 20%; padding: 2px; text-align: center;">years</td> </tr> </table>			years	
	years			
10. Payment of fees <i>(Please note that this application will not be complete unless the appropriate fees are included when the application is made.)</i>				
The fees payable with this application have been calculated by the applicant to be \$				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; height: 20px;"></td> </tr> </table>				
Payment information <i>(Note: This is a GST free item. Queensland Health ABN: 66 329 169 412)</i>				
<input type="checkbox"/> Cheque or Money Order enclosed <i>(payable to Queensland Health)</i>				
<input type="checkbox"/> Payment by Credit Card <i>(Please complete the "Credit Card Payments" section on the last page of this form)</i>				
Signature of Applicant: _____ Date: _____				
Please turn over →				

Particulars of the health related radioactive substances the applicant wishes to use

Radionuclide	Chemical and physical form of the radioactive substance <i>(if the substance is an unsealed radioactive substance)</i>	Sealed or unsealed	Radiation practice / practice category <i>(see below, left)</i>	Type of sealed source apparatus <i>(see below, right)</i>
<i>Eg. Tc99m</i>	<i>TcO₄ in aqueous solution</i>	<i>Unsealed</i>	<i>06</i>	<i>P</i>

Radiation practice / practice category

01. Diagnostic and therapeutic nuclear medicine—nuclear medicine specialist
02. Diagnostic and therapeutic nuclear medicine—nuclear medicine registrar
03. Diagnostic nuclear medicine—nuclear medicine specialist
04. Diagnostic nuclear medicine—medical specialist other than a nuclear medicine specialist
05. Therapeutic nuclear medicine—medical specialist other than a nuclear medicine specialist
06. Diagnostic nuclear medicine—nuclear medicine technologist
07. Diagnostic nuclear medicine—PDY nuclear medicine technologist*
08. Diagnostic nuclear medicine—nuclear medicine technology trainee*
09. Pathology
10. Radiation therapy—brachytherapy
11. Radiation therapy—brachytherapy of eye lesions
12. Radiation therapy—brachytherapy of skin lesions
13. Radiation therapy as a radiation oncologist
14. Radiation therapy as a radiation oncology registrar
15. Radiation therapy—medical specialist
16. Radiation therapy—medical specialist registrar—please specify:
17. Radiation therapy—medical physicist
18. Diagnostic and therapeutic veterinary nuclear medicine
19. Diagnostic veterinary nuclear medicine
20. Radioisotopic labelling of chemicals for research or biological investigations
21. Research as approved on a case-by-case basis—please specify:
22. Teaching / education—please specify:
23. Other—please specify:

Type of sealed source apparatus

- A. Anatomical marker
- B. Benchtop analysis unit
- C. Bone densitometer
- D. Borehole logging tool
- E. Brachytherapy unit
- F. Calibration/reference unit
- G. Industrial gauge
- H. Instream industrial gauge
- I. Industrial radiography unit
- J. Pipeline crawler control unit
- K. Product irradiator
- L. Radioimmunoassay kit
- M. Smoke detector
- N. Soil density/moisture gauge
- O. Static eliminator
- P. None (unsealed radioactive substance only)
- Q. None (sealed radioactive substance only)
- R. Other, please specify in the table above

* **Trainee nuclear medicine technologists:** Applicants for this category of licence are not required to pay any fees

* **PDY nuclear medicine technologists:** Applicants for this category of licence are only required to pay the licence fee (not the application fee) and applicants should seek a licence with a 1 year term

Signature of Applicant: _____ Date: _____

Particulars of the non-health related radioactive substances the applicant wishes to use

Radionuclide	Chemical and physical form of the radioactive substance <i>(if the substance is an unsealed radioactive substance)</i>	Sealed or unsealed	Radiation practice / practice category <i>(see below, left)</i>	Type of sealed source apparatus <i>(see below, right)</i>
<i>Eg. Cs137</i>	<i>CsCl, solid</i>	<i>Sealed</i>	<i>30</i>	<i>N</i>

Radiation practice / practice category

- 24. Borehole logging
- 25. Calibration/reference—flood source for calibration of gamma camera
- 26. Calibration/reference—patient dose calibrator
- 27. Calibration/reference—consistency check for survey meter
- 28. Calibration/reference—calibration
- 29. Chemical and physical analysis—discrete chemical measurements
- 30. Chemical and physical analysis—discrete density measurements
- 31. Chemical and physical analysis—discrete moisture measurements
- 32. Compliance testing—testing of equipment
- 33. Compliance testing—testing of premises
- 34. Industrial gauging—detection of liquid levels in fire extinguishers
- 35. Industrial radiography—industrial radiography
- 36. Industrial radiography—computer-based inspection of corrosion in pipes
- 37. Industrial radiography—tracking and control of X-ray pipeline crawlers
- 38. Maintenance, repair or commissioning
- 39. Maintenance or repair
- 40. Commissioning
- 41. Manufacture of radiopharmaceuticals—please specify:
- 42. Manufacture of sealed radioactive substances—please specify:
- 43. Product irradiation
- 44. Radioisotopic investigation as approved on a case-by-case basis
- 45. Radioisotopic labelling of chemicals for research or biological investigations
- 46. Research as approved on a case-by-case basis—please specify:
- 47. Teaching / education—please specify:
- 48. Other—please specify:

Type of sealed source apparatus

- A. Anatomical marker
- B. Benchtop analysis instrument
- C. Bone densitometer
- D. Borehole logging tool
- E. Brachytherapy device
- F. Calibration/reference instrument
- G. Industrial gauge
- H. Instream industrial gauge
- I. Industrial radiography device
- J. Pipeline crawler control device
- K. Product irradiator
- L. Radioimmunoassay kit
- M. Smoke detector
- N. Soil density/moisture gauge
- O. Static eliminator
- P. None (unsealed radioactive substance only)
- Q. None (sealed radioactive substance only)
- R. Other, please specify in the table above

Signature of Applicant: _____ Date: _____

Notes for the applicant—Application for a Licence to Use a Radioactive Substance:

- (a) The \$72.00 application fee is not refundable if this application is not successful.
- (b) Persons who require a licence of the type mentioned on this form to use a radiation source in the course of the person's study or training at an educational institution are not required to pay application or licence fees for the licence. To claim this exemption from the requirement to pay fees, the applicant must provide a statement to the effect of the above from the educational institution where the study or training is taking, or is to take, place. The applicant must also provide verification from the educational institution of his or her enrolment in the course of study.
- (c) Before their use to carry out a practice, sealed radioactive substances and sealed source apparatus must be in compliance with the relevant radiation safety standards.
- (d) Premises in which the radioactive substance is to be stored must be in compliance with the relevant radiation safety standard.
- (e) Premises in which the radioactive substance is used must be in compliance with the relevant radiation safety standard.
- (f) A possession licensee must only allow a radiation source to be used to carry out a practice if the person using the source is the holder of an appropriate use licence.
- (g) A person who is in possession of a radioactive substance for the purpose of carrying out a radiation practice must have an approved radiation safety and protection plan.
- (h) A person must not dispose of radioactive material unless the concentration or activity of the radionuclide in the material is not more than the maximum concentration or activity prescribed in the Regulation, or the person holds an approval to dispose.
- (i) If a person disposes of a radioactive substance under an approval to dispose, the person must give the Chief Executive written notice of the disposal within 7 days after the disposal.

Fees to accompany application

Calculation of the fee payable with this application

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

Step 2 Licence fee payable

Licence fee : \$51.00 for a licence term of up to one year; \$102.50 for up to two years; \$154.00 for up to three years

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

Step 3 Calculation of the fee payable with this application

Fee payable = \$72.00 application fee + licence fee
= \$72.00 + 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 8)*
- The prescribed application and licence fees are enclosed
- All questions have been responded to
- The application form (3 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