

Application for a Licence to Use Radiation Apparatus



To the Chief Executive:	Client Number
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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 and profession *(include certified copies of your qualifications, professional registration certificates and/or other certificates relevant to this application)*

Qualifications:	Profession:
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5. Experience in the use of radiation apparatus *(include supporting documentation as verification)*

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6. Location where you intend to use the radiation apparatus

7. Purpose for which this licence is required *(Please complete the following two pages)*

8. 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 licence 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.

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

years

10. 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 →

Particulars of the health related radiation apparatus the applicant wishes to use

Radiation practice / practice category <i>(see below, left)</i>	Type of radiation apparatus <i>(see below, right)</i>
<i>Eg.</i> 17	K

Radiation practice / practice category

Type of radiation apparatus

- | | | |
|-----|-------------------------------------------------------------------------------------------------------|---------------------------------------------|
| 01. | Diagnostic radiography—bone mineral densitometry | A. Analytical X-ray unit |
| 02. | Diagnostic radiography—chest and extremities | B. Bone mineral densitometry X-ray unit |
| 03. | Diagnostic radiography—chest and extremities - trainee | C. Cabinet X-ray unit |
| 04. | Diagnostic radiography—chest and extremities (rural and remote—extended) | D. Computed tomography X-ray unit |
| 05. | Diagnostic radiography—chest and extremities (rural and remote—extended) - trainee | E. Diagnostic fluoroscopy X-ray unit |
| 06. | Diagnostic radiography—medical practitioner (rural and remote) | F. Extra-oral dental X-ray unit |
| 07. | Diagnostic radiography—medical practitioner (rural and remote) - trainee | G. Enclosed X-ray unit |
| 08. | Diagnostic radiography—computed tomography | H. Industrial radiography X-ray unit |
| 09. | Diagnostic radiography—fluoroscopy (medical specialist/registrar) | I. Industrial X-ray gauge |
| 10. | Diagnostic radiography—mammography | J. Intra-oral dental X-ray unit |
| 11. | Diagnostic radiography as a diagnostic radiologist/registrar | K. Laser apparatus |
| 12. | Diagnostic radiography—spine and pelvis | L. Linear accelerator |
| 13. | Diagnostic radiography—spine, pelvis and extremities | M. Mammography X-ray unit |
| 14. | Operational checks of laser apparatus | N. Plain film diagnostic X-ray unit |
| 15. | Cosmetic laser procedures—hair removal | O. Product irradiator |
| 16. | Cosmetic laser procedures—tattoo removal | P. Radiation therapy simulator |
| 17. | Cosmetic laser procedures—removal of skin lesions—please specify: <input type="text"/> | Q. Superficial therapy unit |
| 18. | Diagnostic radiography—other, please specify: <input type="text"/> | R. X-ray pipeline crawler |
| 19. | Radiation therapy—medical specialist—please specify: <input type="text"/> | S. Other, please specify in the table above |
| 20. | Radiation therapy—medical physicist | |
| 21. | Radiation therapy—radiation oncologist/registrar | |
| 22. | Radiation therapy—superficial skin lesions | |
| 23. | Radiation therapy—therapy simulation and treatment planning | |
| 24. | Laser treatment of the skin—dermatologist | |
| 25. | Laser treatment of the skin—non-specialist medical practitioner—please specify: <input type="text"/> | |
| 26. | Dental hard and soft tissue laser procedures | |
| 27. | Surgical procedures involving laser apparatus—medical specialist—please specify: <input type="text"/> | |
| 28. | Surgical procedures involving laser apparatus—registrar—please specify: <input type="text"/> | |
| 29. | Research as approved on a case-by-case basis—please specify: <input type="text"/> | |
| 30. | Teaching / education—please specify: <input type="text"/> | |
| 31. | Other—please specify: <input type="text"/> | |

Signature of Applicant: _____ Date: _____

Particulars of the non-health related radiation apparatus the applicant wishes to use

Radiation practice / practice category <i>(see below, left)</i>	Type of radiation apparatus <i>(see below, right)</i>
<i>Eg.</i> 38	<i>H</i>

Radiation practice / practice category

Type of radiation apparatus

- 32. Chemical and physical analysis—discrete chemical measurements
- 33. Compliance testing—testing of equipment
- 34. Compliance testing—testing of premises
- 35. Industrial radiography
- 36. Industrial radiography—pipeline X-radiography
- 37. Industrial gauging—continuous measurements
- 38. Imaging of phantoms for educational or compliance testing purposes
- 39. Maintenance, repair or commissioning
- 40. Maintenance or repair
- 41. Commissioning
- 42. Product irradiation
- 43. Radiographic assessment of biological samples
- 44. Radiographic inspection for security purposes
- 45. Radiographic inspection for quality control purposes
- 46. Radiographic inspection of works of art and museum pieces
- 47. Research as approved on a case-by-case basis—please specify:
- 48. Teaching / education—please specify:
- 49. Other—please specify:

- A. Analytical X-ray unit
- B. Bone mineral densitometry X-ray unit
- C. Cabinet X-ray unit
- D. Computed tomography X-ray unit
- E. Diagnostic fluoroscopy X-ray unit
- F. Extra-oral dental X-ray unit
- G. Enclosed X-ray unit
- H. Industrial radiography X-ray unit
- I. Industrial X-ray gauge
- J. Intra-oral dental X-ray unit
- K. Laser apparatus
- L. Linear accelerator
- M. Mammography X-ray unit
- N. Plain film diagnostic X-ray unit
- O. Product irradiator
- P. Radiation therapy simulator
- Q. Superficial therapy unit
- R. X-ray pipeline crawler
- S. Other, please specify in the table above

Signature of Applicant: _____ Date: _____

Notes for the applicant—Application for a Licence to Use Radiation Apparatus:

- (a) The \$74.50 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 enrollment in the course of study.
- (c) Before its use to carry out a practice, radiation apparatus must be in compliance with the relevant radiation safety standard.
- (d) The premises in which the radiation apparatus is used must be in compliance with the relevant radiation safety standard.
- (e) 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.
- (f) A person who is in possession of a radiation apparatus for the purpose of carrying out a radiation practice must have an approved radiation safety and protection plan.
- (g) A person must not acquire a radiation apparatus unless the person is the holder of both a possession licence and an approval to acquire the radiation apparatus.
- (h) A person must not supply a radiation apparatus to another person unless the other person is the holder of both a possession licence and an approval to acquire the radiation apparatus.
- (i) A person who disposes of a radiation apparatus 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

Step 2 Licence fee payable

Licence fee : \$53.00 for a licence term of up to one year; \$106.00 for up to two years; \$159.00 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 = \$74.50 application fee + licence fee
= \$74.50 + 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