

Radiation Protection Act 2005

Form RPA0203:

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

SECTION 1: INFORMATION ABOUT THE APPLICANT

SECTION 2: DURATION OF THE CERTIFICATE OF ACCREDITATION

SECTION 3: INFORMATION ABOUT THE RADIATION PLACE

SECTION 4: QUALIFICATIONS AND EXPERIENCE OF THE APPLICANT

SECTION 5: METHODOLOGY TO BE USED TO ASSESS THE RADIATION PLACE

SECTION 6: AGREEMENT & AUTHORISATION

Please refer to 'Information for persons seeking accreditation certificates' for further information on accreditation.

This information can be accessed at www.dhhs.tas.gov.au/publichealth/radiation

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 places.

1 The application must be in writing. **DO NOT** send payment with your application. An invoice for the prescribed fee of \$156.06 for one year; or \$275.40 for two years; or \$382.50 for three years (this fee is refundable if your application is not successful) will be issued on receipt of your application.

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 I: 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 (\$156.06) Two years (\$275.40) Three years (\$382.50)

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

SECTION 3: INFORMATION ABOUT THE RADIATION PLACE

4 Do you wish to add new classes of places where radiation sources are stored and/or used?

Circle as appropriate

YES (mark the additional relevant boxes below)

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

Classes of places where radiation apparatus are stored and/or used for:

Add	Delete	Current	Add	Delete	Current
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> medical, industrial, scientific or cosmetic purposes involving class 3B lasers, class 4 lasers or Intense Pulsed Light (IPL) units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> diagnostic or interventional radiology with fixed or mobile radiographic x-ray units (including veterinary radiography)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> industrial radiography with industrial radiographic x-ray units, excluding open sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> diagnostic or interventional radiology with fixed or mobile fluoroscopic x-ray units (including veterinary radiography)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> laboratory or industrial testing or analysis with non-medical x-ray units (x-ray analysis, x-ray diffraction or enclosed x-ray equipment for special applications)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> diagnostic or interventional radiology with computed tomography x-ray units
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> therapeutic x-ray procedures with linear accelerators (including veterinary radiation therapy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> therapeutic x-ray procedures with superficial x-ray units (including veterinary radiation therapy)

Classes of places where radioactive materials (sealed or unsealed) are stored and/or used for:

Add	Delete	Current	Add	Delete	Current
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> high dose rate brachytherapy procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> nuclear medicine procedures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> industrial purposes (sealed sources)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> nuclear medicine procedures including I-131 therapy for inpatients
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> industrial radiography, excluding open sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> veterinary nuclear medicine procedures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> scientific, medical or industrial purposes ('low level laboratory')			

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 assessed current and proposed classes of place(s) in the last three years?

<input type="checkbox"/> Yes - State which classes of place(s), as per list in Question 4, when and in which State/Territory
<input type="checkbox"/> 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 5: ANY CHANGES IN THE METHODOLOGY USED TO ASSESS THE RADIATION PLACE (S) LISTED ABOVE

8 Method of assessment and tools to be used

Please describe briefly any **new or altered ways** in which you intend to assess each class of radiation place, and detail any tools, methods, etc that you will use for each

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 by the person named in Question 1

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