

## **Application to Change an Approved Radiation Safety and Protection Plan**

**Please read the following instructions before completing this form as incorrect completion of this form will result in delays.**

1. The application form must be completed in all respects. The applicant's details, including the name of the applicant and the applicant's possession licence number, may be found on the applicant's possession licence.
2. The approval number of the radiation safety and protection plan that you are seeking to change may be found on an attachment to the applicant's possession licence, or on a sticker placed on the front cover of the approved plan.
3. Details of the proposed changes to the plan must sufficiently identify the paragraph within the approved plan that is proposed to be changed, what change is proposed, and why the proposed change is necessary.

*Note: Proposed changes to an attachment of an approved plan do not require approval from the Chief Executive.*

4. To minimise delays in assessing the application, the applicant should specify the details of the person who should be contacted in relation to the proposed changes to the radiation safety and protection plan.

**Please do NOT send in your plan, incorporating your proposed changes, with this application. Only once your proposed changes have been approved should you amend your plan and submit it to the Radiation Health Unit.**

# Application to Change an Approved Radiation Safety and Protection Plan



To the Chief Executive:	Client Number:
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1. Name of Applicant *(name of the possession licensee as stated on the possession licence)*

2. Applicant's current possession licence number

3. Title and date of the radiation safety and protection plan requiring change

4. Approval number of the radiation safety and protection plan requiring change

5. Attach details of the proposed changes to the radiation safety and protection plan. This should include what you are seeking to change, the proposed change and the reasons for the change. *(please note that changes to an attachment to your plan do not require Chief Executive approval)*

6. Contact details of the person who may be contacted in relation to the proposed changes

Name	Telephone Number	E-mail Address
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

7. Payment of fee *(Please note that this application will not be complete unless the appropriate fee is included)*

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 page attached to this form)*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
*(or contact person, if a corporate applicant)*

*(Information Notice for the purpose of s31(4) of the Act)*

<b>OFFICE USE ONLY</b>	<b>APPROVED / NOT APPROVED</b>
Delegate of the Chief Executive	Date

**If approval is granted:**  
 The changes as described in this application take effect on: \_\_\_\_/\_\_\_\_/\_\_\_\_

The applicant must return the following documents to the Chief Executive within 14 days after receiving the approval:

1. The radiation safety and protection plan, incorporating the approved change(s)
2. The applicant's possession licence in which the plan is identified.

**If approval is not granted:**  
 If not approved, reason for non approval *(Information Notice for the purpose of s31(7) of the Act):*

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## Fees to accompany application

### Notes for the applicant - Application to Change an Approved Radiation Safety and Protection Plan

- (a) The fee is not refundable if this application is not successful.
- (b) Within 14 days after receiving an approval to change a radiation safety and protection plan, the applicant must update the plan, with the approved changes, and submit it, along with the possession licence, to the Chief Executive.
- (c) Unless otherwise requested by the applicant, if the application is successful, the change will take effect 35 days after the application is approved.

### Fee payable with this application:

**The fee payable with this application is: \$372.00**

*(The fee is not payable by State Government Departments)*

### Credit Card payments

*(This section need only be completed if the applicant wishes to pay the fee 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

- Details of your proposed changes are attached *(Refer to Q5)*
- The prescribed application fee is enclosed
- All questions have been responded to
- The application form 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