

Application for a licence to use ionising radiation apparatus for diagnostic radiography or radiation therapy - student

Please read the following instructions before completing this form as incorrect completion of this form or failure to include requested documentation will result in delays.

1. The application form must be completed in all respects.
2. This form is only to be used by persons enrolled in an approved diagnostic radiography or radiation therapy training course.
3. Application and licence fees change from time to time. To ensure you are submitting the current application form, the version of the application form you are using should have been obtained **recently** from either the Radiation Health website (www.health.qld.gov.au/radiationhealth) or from Radiation Health directly. **Submission of applications using incorrect forms or accompanied by incorrect fees will result in delays.**

Important information for licensees

- a. It is the responsibility of a use licensee to ensure that the licensee only uses radiation apparatus:
 - i) which is in compliance with the relevant radiation safety standard;
 - ii) in premises which are in compliance with the relevant radiation safety standard; and
 - iii) of the type, and for the purpose, described on the licensee's use licence.
- b. 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. It is the responsibility of use licensees to ensure they have read and understood the possession licensee's radiation safety and protection plan.

Application for a Licence to Use Ionising Radiation Apparatus for Radiation Therapy or Diagnostic Radiography (Student)



Queensland Government

To the Chief Executive:

Client Number

1. Name of Applicant (*include full name and title*)

Title

Surname

Given name(s)

2. Address (*for correspondence—note that this address is the one which will appear on your licence*)

Postcode

3. Daytime Telephone No.

Fax Number

E-mail Address

4. Select the type of licence you require: **Diagnostic Radiography** **Radiation Therapy**

5. You are required to provide evidence that you:

- (i) are currently enrolled in an approved course of study; and
- (ii) require a licence to allow you to undertake the clinical training components of the course; and
- (iii) have satisfactorily completed training in the theoretical aspects of radiography as part of this application.

(Note: items (i), (ii) and (iii) above can be provided in the form of a letter from your university.)

6. 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

(Note: if the answer is "yes" to questions 6(a), 6(b) or 6(c), please attach details.)

7. You must state the year you intend to complete your course:

Signature of Applicant: _____

Date: _____

Please note that some applicants are not required to pay for this application.

CHECK LIST

- Supporting documentation is attached (*Refer to Q5 and 6*)
- The correct licence fee is enclosed (*if applicable*)
- 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

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