

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

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 diagnostic radiographers or radiation therapists.
3. The form must be accompanied by the correct fee. The application and licensing fees change from time to time. To ensure you are submitting the current application form, and the current fee, 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.**
4. If you are an experienced diagnostic radiographer, you should submit a letter detailing your competency and experience in the use of the equipment types for which you are seeking a licence (see Q5 of the application form). A template letter which may be completed by an employer or supervisor is provided to assist **diagnostic radiography** applicants in the application process.
5. If you are not an experienced diagnostic radiographer and are not able, at present, to provide a letter detailing your competency, you are still eligible for a licence to use all of the modalities listed on the application form, however it will be under the guidance and mentorship of a fully licensed and experienced diagnostic radiographer.
6. The \$74.50 application fee is not refundable if this application is not successful.

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.

Senior Licensing Officer
Queensland Health
Radiation Health Unit
PO Box 2368
FORTITUDE VALLEY BC QLD 4006

Dear Snr Licensing Officer

I hereby certify that I have assessed _____, who is a diagnostic radiographer, and verify that he/she is competent in the use of radiation apparatus for the following procedures:

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Bone mineral densitometry | <i>Certifier's Initials</i> |
| <input type="checkbox"/> Computed tomography | _____ |
| <input type="checkbox"/> Plain film diagnostic radiography | _____ |
| <input type="checkbox"/> Fluoroscopy—general ¹ | _____ |
| <input type="checkbox"/> Fluoroscopy—angiography and interventional ² | _____ |
| <input type="checkbox"/> Mammography | _____ |

For the purpose of my certification, “competent” means that the above named person has demonstrated to me that he/she is able to use the apparatus indicated safely and independently, producing acceptable diagnostic images while optimizing radiation doses to the patients, and in my opinion has sufficient skill to train others in the optimal use of this equipment.

Signed: _____ Date: _____

Name: _____

Qualification: _____

Position: _____

Contact Phone No.: _____

Licence No: _____
(if applicable)

¹ *Fluoroscopy—general* (which includes low dose interventional procedures) is the use of radiosopic equipment for general surgical procedures such as fracture reduction or lesion localization, and investigations such as gastrointestinal and renal contrast studies

² *Fluoroscopy—angiography and interventional* includes all high dose procedures incorporating image acquisition such as cardiac angiography, digital subtraction angiography, and procedures such as placement of stents and cardiovascular and neurological vascular procedures

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



To the Chief Executive:

Client Number

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

Title

Surname

Given name(s)

2. Address (*for correspondence*)

Postcode

3. Telephone Number (*work*)

Fax Number

E-mail Address

4. You are required to provide evidence of your training as part of this application. For this type of licence you are required to provide:

- (a) a copy, or other verified evidence, of your tertiary qualifications; and
 (b) evidence of your current Queensland professional registration.

5. Detail the equipment you are seeking to be allowed to use and the procedures you intend to use the equipment for. (*Applicants who are experienced diagnostic radiographers or radiation therapists must provide evidence in the form of a letter from their employer or supervisor, or a log book, which verifies their competency and experience in the use of the equipment types specified below for which a use licence is sought. Failure to provide this evidence will impact on the scope of the licence that might be granted.*)

Diagnostic radiography

- Bone mineral densitometry
 Computed tomography
 Plain film diagnostic radiography
 Fluoroscopy—general
 Fluoroscopy—angiography and interventional
 Mammography

Radiation therapy

- Computed tomography for radiation therapy treatment planning
 Plain film radiography for radiation therapy treatment planning
 Linear accelerator radiation therapy
 Linear accelerator radiation therapy simulation
 Superficial and deep x-ray radiation therapy

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

If the answer is "yes" to any of the above, please attach details.

7. Please state the term of the licence you are seeking (*Choose 1, 2 or 3 years only. You must include with this application the prescribed application fee and the licence fee for the term you have selected.*)

years

Signature of Applicant: _____

Date: _____

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 : \$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 = \$

Payment of fees (*Please note that this application will not be complete unless the appropriate fees are included when the application is made.*)

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 attached*)

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 fee 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 6*)
- The correct application and licence fees are 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

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