

Application for a Radiation Safety Officer Certificate



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. Qualifications/Training *(include a certified copy of your qualifications and/or other certificate(s) relevant to this application)*

--

5. Skills, competency, knowledge, experience *(include supporting documentation as verification)*

6. Type of radiation practice for which a radiation safety officer certificate is sought *(Please tick appropriate box on the next page)*

7. 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 certificate 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.

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

9. 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 →

Type of radiation practice (please tick one of the following boxes)

- Diagnostic radiography**
Diagnostic radiography involving ionising radiation apparatus
Plain film diagnostic radiography involving ionising radiation apparatus
Plain film diagnostic radiography of animals involving ionising radiation apparatus
- Intra-oral and extra-oral dental radiography**
Intra-oral and extra-oral dental radiography involving ionising radiation apparatus
Intra-oral dental radiography involving ionising radiation apparatus
- Nuclear Medicine and Pathology**
Diagnostic and therapeutic nuclear medicine procedures involving radioactive substances
Pathology procedures involving radioactive substances
- Radiation Therapy**
Radiation therapy involving ionising radiation apparatus
Radiation therapy involving radioactive substances
- Lasers**
Health and cosmetic procedures involving laser apparatus
- Borehole logging**
Borehole logging involving sealed radioactive substances
- Chemical analysis**
Chemical analysis involving ionising radiation apparatus
Chemical analysis involving sealed radioactive substances
- Industrial radiography**
Industrial radiography involving ionising radiation apparatus
Industrial radiography involving sealed radioactive substances
- Industrial gauging**
Industrial gauging involving ionising radiation apparatus
Industrial gauging involving sealed radioactive substances
- Moisture and density measurements**
Discrete moisture and density measurements involving sealed radioactive substances incorporated in soil density or moisture gauges
- Research and teaching**
Research involving ionising radiation apparatus
Research involving sealed radioactive substances
Research involving unsealed radioactive substances
Teaching involving ionising radiation apparatus
Teaching involving radioactive substances
- Cabinet inspection**
Inspection of objects or goods involving cabinet radiation apparatus
- Other, please specify:**

Signature of Applicant: _____ Date: _____

Fees to accompany application

Note for the applicant—Application for a Radiation Safety Officer Certificate:

The \$74.50 application fee is not refundable if this application is not successful.

Calculation of the fee payable with this application

Step 1 Choose the desired term for this certificate (*Choose 1, 2 or 3 years only*) years **A**

Step 2 Certificate fee payable

Certificate fee: \$53.00 for a certificate term of up to one year; \$106.00 for up to two years; \$159.00 for up to three years

For a certificate term of A years, the certificate fee payable is \$ **B**

Step 3 Calculation of the fee payable with this application

Fee payable = \$74.50 application fee + certificate 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 7*)
- The prescribed application and certificate fees are enclosed
- All questions have been responded to
- The application form (2 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

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