

Application for approval to acquire a radiation apparatus

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

1. The covering page, page 1, must be completed in all respects. The applicant's details including the name of the applicant, the applicant's possession licence number and the expiry date of the applicant's possession licence may be found on the applicant's possession licence.
2. The applicant should decide how and where the Department should send the form once a decision has been made on the application. These details must be specified in response to item 4 on the covering page of the application form.
3. The applicant must decide whether the application is for an ionising radiation apparatus, laser apparatus or a solarium.
4. The applicant must provide the details of the radiation apparatus the applicant wishes to acquire, the details of where it is to be used and the purpose for which it is to be used. **Please note that a separate page must be completed for each different item of radiation apparatus the applicant is seeking approval to acquire.**
5. Details of who is to supply the radiation apparatus to the applicant must be provided.
6. The total number of pages in the application must be specified on the covering page and each page must be numbered, signed and dated by the applicant. This page need not be attached to the application form submitted.
7. If a decision has been made to grant the application and the form indicating the Chief Executive's approval for the acquisition to proceed has been returned to the applicant, the applicant should provide the prospective supplier of the radiation apparatus with a copy of the form as verification that the supply of the radiation apparatus may proceed.

Notice to the applicant—Application for Approval to Acquire a Radiation Apparatus:

- (a) A person must not acquire a radiation apparatus unless the person is the holder of both a possession licence and an approval to acquire the radiation apparatus.
- (b) A person must not supply a radiation apparatus to another person unless the other person is the holder of both a possession licence and an approval to acquire the radiation apparatus.
- (c) Unless otherwise requested by the applicant, an approval to acquire a radiation apparatus will be given a term of one month.
- (d) If a person disposes of a radiation apparatus, the person must give the Chief Executive written notice of the disposal within 7 days after the disposal.
- (e) Approval of this application does not imply that the applicant is authorised to use the radiation apparatus.
- (f) A radiation apparatus may only be used if it is in compliance with the relevant radiation safety standard.
- (g) The premises in which the radiation apparatus is to be used must be in compliance with the relevant radiation safety standard.
- (h) A possession licensee must only allow a radiation source to be used to carry out a practice if the person using the source is the holder of an appropriate use licence.
- (i) A person who is in possession of a radiation source for the purpose of carrying out a radiation practice must have an approved radiation safety and protection plan.
- (j) This instruction page need not be included when making an application for approval to acquire a radiation apparatus.

Application for Approval to Acquire a Radiation Apparatus



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Incorrect completion of this form will result in delays.**

PAGE 1

To the Chief Executive:

1. Name of Applicant *(name of the possession licensee as stated on the possession licence.)*

2. Applicant's possession licence number:

3. Expiry date as stated on the possession licence:

4. How does the applicant wish this form to be returned? *(Please complete only one of the alternatives below.)*

Facsimile number for return of this form:

Postal address for return of this form:

5. This is an application to acquire:
- an ionising radiation apparatus
 - a laser apparatus
 - a solarium

6. Description of the radiation apparatus for which the approval is required *(complete details over)*

7. Has the applicant held an approval to acquire under this Act, or a similar instrument under a corresponding law, that was suspended or cancelled? Yes No

8. How many pages are in this application? *(Please number all pages where indicated.)*

9. 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) **Please turn over →**

OFFICE USE ONLY

APPROVED / NOT APPROVED

 Delegate of the Chief Executive

 Date

This approval expires on ____/____/____

If not approved, reason for non approval *(Information Notice for the purpose of s62(2) of the Act):*

Particulars of the radiation apparatus the applicant wishes to acquire *(All sections on this page must be completed.)*

A. Manufacturer of the radiation apparatus

B. Model of the radiation apparatus

C. For ionising radiation apparatus:

Control panel serial number

Tube manufacturer Tube model

Tube serial number Tube peak kV

Peak mA

For laser apparatus or solarium:

Apparatus serial number

Wavelength (nm) Power output (W)

D. Details of the proposed use of the radiation apparatus:

Radiation practice / Practice category *(Please refer to the attached page.)*

Where is the radiation apparatus to be used? *(State the street address, building, room and floor number, where possible (e.g. Room 6, Level 8, Joseph Bloggs Building, 233 Railway Street, Plumville, Qld.):*

E. Name and address of individual/company who is to supply the radiation apparatus

Signature of Applicant: _____
(or contact person, if a corporate applicant)

Date: _____

Radiation practice / practice category for health related radiation apparatus

01. Radiation therapy—treatment of superficial skin lesions
02. Radiation therapy—therapy simulation and treatment planning
03. Radiation therapy—superficial and deep therapy
04. Product irradiation
05. Veterinary diagnostic radiography—small animals
06. Veterinary diagnostic radiography—large animals
07. Veterinary radiation therapy
08. Possession for the purpose of storage only
09. Possession for the purpose of sale
10. Diagnostic radiography—bone mineral densitometry
11. Diagnostic radiography—plain film
12. Diagnostic radiography—intra-oral dental
13. Diagnostic radiography—extra-oral dental
14. Diagnostic radiography—computed tomography
15. Diagnostic radiography—fluoroscopy
16. Diagnostic radiography—mammography
17. Diagnostic radiography—pathology
18. Diagnostic radiography—other, please specify: _____
19. Cosmetic laser procedures—hair removal
20. Cosmetic laser procedures—tattoo removal
21. Cosmetic laser procedures—removal of skin lesions—other, please specify: _____
22. Laser treatment of the skin—please specify: _____
23. Dental hard and soft tissue laser procedures
24. Surgical laser procedures—please specify: _____
25. Research as approved on a case-by-case basis—please specify: _____
26. Teaching / education—please specify: _____
27. Other—please specify: _____

Radiation practice / practice category for non-health related radiation apparatus

28. Chemical and physical analysis—discrete chemical measurements
29. Compliance testing—testing of equipment
30. Compliance testing—testing of premises
31. Industrial radiography
32. Industrial radiography—pipeline X-radiography
33. Industrial gauging—continuous measurements
34. Imaging of phantoms for educational or compliance testing purposes
35. Maintenance, repair or commissioning
36. Maintenance or repair
37. Commissioning
38. Product irradiation
39. Radiographic assessment of biological samples
40. Radiographic inspection for security purposes
41. Radiographic inspection for quality control purposes
42. Radiographic inspection of works of art and museum pieces
43. Possession only - storage
44. Possession for the purpose of sale
45. Research as approved on a case-by-case basis—please specify: _____
46. Teaching / education—please specify: _____
47. Other—please specify: _____

Signature of Applicant: _____

(or contact person, if a corporate applicant)

Date: _____

Fees to accompany application

Fee payable with this application: \$32.00

(The fee is not payable by State Government Departments)

Note: The fee is not refundable if this application is not successful.

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

- Supporting documentation is attached, if necessary
- The prescribed application fee is enclosed
- The correct and full applicant details have been provided
- All questions have been responded to
- All pages in the application are numbered, 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