



FORM 17: 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. Page 1 of the application form 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 page 1 of the application form.
3. The applicant must decide whether the application is for an ionising radiation apparatus or a laser apparatus.
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 name, telephone number and email address of the person who may be contacted in relation to the application must be provided in item 8 on page 1 of the application form.
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.

Note to Applicant:

The Information Privacy Act 2009 sets out the rules for the collection and handling of personal information by the Department of Health. For information about how the Department of Health protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.qld.gov.au.

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.

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 9310

RETURN COMPLETED FORM TO:

The Chief Executive
c/- Radiation Health Licensing
Health Protection Branch
Queensland Department of Health
PO Box 2368
FORTITUDE VALLEY BC QLD 4006
or
Facsimile: 07 3328 9622

Application for Approval to Acquire a Radiation Apparatus



Please read the instructions before completing this form.
Incorrect completion of this form will result in delays.

PAGE 1

To the Chief Executive:

Privacy Statement: The Department of Health provides this form under the Radiation Safety Act 1999 so that you may apply for an Act Instrument. The information and documents collected for the purpose of this application may be accessible by authorised departmental persons. Licence details of successful applicants will be publicly available on the department's register of holders of licences and certificates as required by the Act. The department will not disclose your personal information or supporting documents to third parties without your consent unless required or authorised by law.

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.)*

Email address 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

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. Contact details of the person who may be contacted in relation to the application:

Name	Telephone Number	E-mail Address
_____	_____	_____

9. Payment of fee *(Please note that this application will not be complete unless the appropriate fee is 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 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:

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: _____ Date: _____
(or contact person, if a corporate applicant)

Radiation practice / practice category for radiation apparatus (health related purposes)

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 radiation apparatus (non-health related purposes)

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

This fee is effective as of 1 October 2018.

Fee payable with this application: \$40.50

(The fee is not payable by State Government Departments)

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

Payment Options

(Note: This is a GST free item. Queensland Health ABN: 66 329 169 412)

Note: Your application will not be accepted unless payment is provided.

Payment of your application may be via one of the following options:

- **Cheque or Money Order** (payable to Queensland Health) — attach to your completed application
- **Credit Card** — complete the 'Credit Card Payments' section below and submit with your completed application

Applicants applying to renew a licence or renew a certificate, or who are applying for approval to acquire or an approval to relocate a radiation source may also pay by credit card via:

- **B-Point** — pay online at www.bpoint.com.au/payments/qldradiationlicences — submit a copy of your BPoint Payment Receipt with your completed application

Credit Card Payments

IF YOU ARE COMPLETING THIS SECTION, DO NOT EMAIL THIS PAGE AS SECURITY OF YOUR CREDIT CARD INFORMATION CANNOT BE ASSURED

Name of Applicant (The name stated here should be the same as the name stated in section 1 on the application form.)

Please charge the fees payable \$ to my MasterCard Visa Card

Name on card (Please print)

Signature of cardholder Date

Card number Expiry date /