



FORM 2: Application for a licence to use a radiation source

Guide to a Successful Application:

This application form is to be completed by individuals seeking a licence to use X-ray equipment, laser apparatus or radioactive substances. It also includes the criminal history and security check requirements for persons seeking to use portable security enhanced sources. The application fee and, if applicable, the fee for the criminal history and security checks are not refundable if this application is not successful.

Is your application complete?

As incomplete applications will not be accepted, please ensure that:

1. You have answered all questions on the application form.
2. You have signed and dated the application form (section I of the form).
3. You have provided certified copies of your formal qualifications or training certificates.
4. You have provided certified copies of each of your proof of identify documents.
5. You have provided evidence of your experience in using radiation sources.
6. You have included the relevant fees.

Please Note:

'Certified copy' means a copy of an original document that has been certified by a Justice of the Peace (JP(Qual)) or a Notary Public as being a correct copy of the original document. Copies certified by a Commissioner for Declarations as defined in Queensland's *Justices of the Peace and Commissioners for Declarations Act 1991* **will not** be accepted.

How to Submit the Application:

Please post your completed application (signed and dated), associated documentation and credit card payment form or cheque/money order to:

The Chief Executive
c/- Radiation Health Licensing
Health Protection Branch
Queensland Department of Health
PO Box 2368
FORTITUDE VALLEY BC QLD 4006

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.



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.

SECTION A: DETAILS OF APPLICANT**1. Name and Contact Details** (include your name as it appears on your birth certificate or passport)

Title and surname:

Given name(s): Gender:

Date of Birth: Current Qld Licence No. (if applicable):

Residential Address

Address:

Suburb:

State: Country: Post Code:

Postal Address (address for correspondence—if same as residential address, type 'AS ABOVE')

Address:

Suburb:

State: Country: Post Code:

Telephone Number (work)**Telephone Number (mobile)****E-mail Address****2. Profession/Occupation**

What is your profession or occupation?

If you hold professional registration, what is your registration number?

SECTION B: DETAILS OF QUALIFICATIONS AND TRAINING

What formal qualifications or training have you undertaken?

(Note: Certified copies of your qualifications or applicable training certificates must accompany your application)

Evidence included?

SECTION C: IDENTIFICATION TO BE PROVIDED

One certified copy of a document from Requirement 1 and one certified copy of a document from Requirement 2 **must accompany your application** (Note: Refer to drop down menus or attached information for the details of the documents required to satisfy this requirement)

Requirement 1: Evidence included?

Requirement 2: Evidence included?

'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. Copies certified by a Commissioner for Declarations **WILL NOT** be accepted.

SECTION D: TYPE OF RADIATION SOURCE YOU ARE APPLYING TO USE

What type of radiation source(s) do you wish to use? (Note: You may select more than 1 option)

- Sealed radioactive substance, excluding security enhanced sources Unsealed radioactive substance
- Sealed radioactive substance, including security enhanced sources
- Ionising radiation apparatus Laser apparatus

What is your experience in using the selected types of radiation sources? (Note: Confirmation of this experience and any other relevant information must accompany your application)

Evidence included?

Do you currently hold a similar licence issued by another jurisdiction? If yes, please provide a full copy of your licence with your application

SECTION E: TERM/COST OF LICENCE AND ASSOCIATED CHECKS

I wish to apply for a licence for the following term and cost:

(Note: Refer to drop down menu or the last page for application and licence fee information)

For persons seeking a licence to use security enhanced sources, an additional fee is required to accompany your application to cover the costs associated with performing criminal history and security checks. These checks are required to be conducted to establish your suitability to access security enhanced sources.

I am seeking a licence to use security enhanced sources and note the additional fee payable with this application:

SECTION F: DETAILS OF RADIATION SOURCES PROPOSED TO BE USED

1. What types of radioactive substances do you wish to use, and why?

If you wish to use radioactive substances, please complete the following table by listing each radionuclide you wish to use and its physical form (i.e. whether it is sealed or unsealed).

For each radionuclide, please indicate the apparatus category for the source (i.e. the device which holds the source) and the purpose category for the source (i.e. what you want to do with the source) from the drop down menus, or use the attached apparatus/purpose categories. If you are unable to select a suitable response from the drop down menus or attached lists, please describe the sources you wish to use, and your intended business with the sources.

Radionuclide	Sealed/unsealed	Apparatus category	Purpose category

If not otherwise specified—what radioactive substance(s) do you wish to use and why?

Radionuclide, activity and, if applicable, equipment type

Detailed description of proposed purpose of use *(attach further information, if required)*

2. What types of radiation apparatus do you wish to use, and why?

If you wish to use radiation apparatus (i.e. X-ray equipment or laser apparatus), please complete the following table by indicating the apparatus category and the purpose category for the apparatus (i.e. what you want to do with the apparatus) from the drop down menus, or use the attached apparatus/purpose categories. If you are unable to select a suitable response from the drop down menus or attached lists, please describe the apparatus you wish to use, and your intended business with the apparatus.

Apparatus category	Purpose category

If not otherwise specified—what radiation apparatus do you wish to use and why?

Equipment type

Detailed description of proposed purpose of use *(attach further information, if required)*

SECTION G: DISCLOSURE OF CRIMINAL HISTORY

- Note:** For the purposes of the Act, 'criminal history' means:
- every conviction** of the person for an offence, in Queensland or elsewhere
 - every charge** made against the person for an offence, in Queensland or elsewhere

Do you have a criminal history*? Yes No

Have you been convicted of an indictable offence? Yes No

Have you been convicted of an offence against this Act or a corresponding law? Yes No

Have you 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 provide details of the offence, the nature of the offence and the circumstances of its commission. Applicants are advised that in order to ensure the requirements of the Radiation Safety Act 1999 are met, the Department of Health may in certain circumstances, provide the information contained in this application to relevant external agencies. Please note section 103A(2) of the Radiation Safety Act 1999 allows the chief executive to conduct criminal history checks of licence applicants.

* Under Section 51(5)(b) of the Radiation Safety Act 1999, all persons requiring a security and criminal history check must provide details of their criminal history. Please note that the Criminal Law (Rehabilitation of Offenders) Act 1986 does not apply in relation to the disclosure of information.

SECTION H: ADDITIONAL INFORMATION—PROPOSED USE OF SECURITY ENHANCED SOURCES

Only complete this section if you are seeking to use a portable security enhanced source

NOTE: In accordance with 103A(1) of the Radiation Safety Act 1999, all persons applying to use a portable security enhanced source will be subject to a criminal history check and a background check as it relates to national security (security check). Please note that your personal details may be provided to the Queensland Police Service, the Australian Federal Police and the Australian Security Intelligence Organisation for the purposes of conducting these checks.

1. Details of any other names (other than that identified in Section A)

Please attach certified copies of supporting evidence for maiden or previous names

Maiden Name:

Previous Name(s):

Alias(es):

2. Place of birth

City: State (Australia Only):

Country:

Is the person requiring the security and criminal history check an Australian citizen, an Australian permanent resident or a New Zealand citizen? Yes No

If no, please attach a certified copy of your valid Australian visa. Copy of visa included?

3. Driver's licence details

Driver's Licence No.: State of Issue (Australia only):

4. Details of overseas residency

Have you resided outside of Australia within the last ten years? Yes No

(does not include holidays or working holidays)

If yes, please provide details, including country and duration of residency (attach further information, if required):

Country:

Duration of Residency: from to

Reason:

Country:

Duration of Residency: from to

Reason:

SECTION I: COMPLETION OF APPLICATION

Signature of Applicant: _____

Date: ____/____/____

**SOURCE PROPOSED TO BE USED
(APPARATUS CATEGORY)**

**PROPOSED USE OF THE SOURCE
(PURPOSE CATEGORY)**

- | | |
|--|---|
| <p>A. Diagnostic ionising radiation apparatus</p> <p>A.1 Dual energy absorptiometry X-ray unit</p> <p>A.2 Computed tomography X-ray unit</p> <p>A.3 Diagnostic fluoroscopy X-ray unit</p> <p>A.4 Mammography X-ray unit</p> <p>A.5 Plain film diagnostic X-ray unit</p> <p>A.6 Extra-oral dental X-ray unit</p> <p>A.7 Intra-oral dental X-ray unit</p> <p>A.8 Cone beam computed tomography dental X-ray unit</p> <p>B. Therapeutic ionising radiation apparatus</p> <p>B.1 Linear accelerator</p> <p>B.2 Radiation therapy simulator</p> <p>C. Non-ionising radiation apparatus</p> <p>C.1 Laser apparatus</p> <p>D. Non-medical equipment</p> <p>D.1 Cabinet X-ray unit</p> <p>D.2 Industrial radiography device</p> <p>D.3 X-ray pipeline crawler</p> <p>D.4 Pipeline crawler control device</p> <p>D.5 Industrial gauge</p> <p>D.6 In-stream industrial gauge</p> <p>D.7 Hand-held analytical X-ray unit</p> <p>D.8 Analytical X-ray unit</p> <p>D.9 Borehole logging tool</p> <p>D.10 Portable density/moisture gauge</p> <p>E. Other</p> <p>E.1 Calibration/reference instrument or anatomical marker</p> <p>E.2 None—unsealed radioactive substance only</p> <p>E.3 None—sealed radioactive substance only</p> | <p>1. Diagnostic applications</p> <p>1.1 Bone mineral densitometry</p> <p>1.2 Estimation of body composition</p> <p>1.3 Computed tomography</p> <p>1.4 Mammography</p> <p>1.5 Fluoroscopy</p> <p>1.6 Plain film diagnostic radiography</p> <p>1.7 Intra-oral dental radiography</p> <p>1.8 Extra-oral dental radiography</p> <p>1.9 Radiography of the spine and pelvis</p> <p>1.10 Radiography of the spine, pelvis and extremities</p> <p>1.11 Radiography of the chest and extremities</p> <p>1.12 Radiography of the chest and extremities (rural and remote—extended)</p> <p>1.13 Radiography—medical practitioner (rural and remote)</p> <p>1.14 Diagnostic nuclear medicine</p> <p>1.15 Veterinary diagnostic nuclear medicine</p> <p>1.16 Veterinary diagnostic radiography—small animal</p> <p>1.17 Veterinary diagnostic radiography—large animal</p> <p>2. Therapeutic applications</p> <p>2.1 Radiation therapy simulation and treatment planning</p> <p>2.2 Radiation therapy</p> <p>2.3 Therapeutic nuclear medicine</p> <p>2.4 Therapeutic veterinary nuclear medicine</p> <p>3. Inspection and analysis</p> <p>3.1 Chemical and physical analysis</p> <p>3.2 Radiographic inspection for security purposes</p> <p>3.3 Radiographic inspection for quality control purposes</p> <p>4. Non-destructive testing, borehole logging, geotechnical measurements</p> <p>4.1 Industrial radiography</p> <p>4.2 Pipeline crawler industrial radiography, including tracking and control</p> <p>4.3 Borehole logging—mining</p> <p>4.4 Borehole logging—oil/gas well logging</p> <p>4.5 Geotechnical measurements—discrete density/moisture measurements</p> <p>5. Service, calibration and testing</p> <p>5.1 Testing of equipment</p> <p>5.2 Testing of premises</p> <p>5.3 Maintenance, repair or commissioning</p> <p>5.4 Calibration of gamma camera</p> <p>5.5 Patient dose calibration</p> <p>5.6 Survey meter consistency checking</p> <p>5.7 Calibration</p> <p>5.8 Operational checks of laser apparatus</p> <p>6. Cosmetic laser applications</p> <p>6.1 Hair removal</p> <p>6.2 Skin rejuvenation (including superficial pigmentation adjustment)</p> <p>6.3 Superficial capillary reduction</p> <p>6.4 Tattoo removal</p> <p>7. Diagnostic or therapeutic laser applications</p> <p>7.1 Dental hard and soft tissue laser procedures</p> <p>7.2 Laser treatment of the skin (dermatological purposes)</p> <p>7.3 Low intensity light therapies as a podiatrist</p> <p>7.4 Ablation of plantar warts as a podiatrist</p> <p>7.5 Surgical procedures as a medical specialist</p> <p>7.6 General medical procedures</p> <p>7.7 Superficial pigmented skin lesion treatment</p> <p>8. Other</p> <p>8.1 Pathology</p> <p>8.2 Radioisotopic labelling of chemicals for scientific research or biological investigations</p> <p>8.3 Manufacture of radiopharmaceuticals</p> <p>8.4 Research as approved on a case-by-case basis</p> |
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ATTACHMENT TO APPLICATION FORM

If the applicant is in the name of an individual, and is a new client of Radiation Health (i.e. not an existing licence holder), two identity documents, one from the list of primary identity documents, and one from the list of secondary identity documents, must accompany the application.

One identity document from the following list must be provided

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

AND

One identity document from the following list must be provided

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. account statement issued by a financial institution within the previous year
3. document evidencing discharge from military service within the previous 2 years
4. student identification card containing the person's photograph and signature that is current or has not been expired for more than 2 years
5. document evidencing enrolment in an educational institution within the previous 2 years
6. document evidencing electoral enrolment within the previous 2 years
7. utilities account statement issued by a utilities provider within the previous year
8. notice of land valuation, water rates or council rates issued within the previous year

Fees to accompany application

Application and Licence Fee

These fees are effective as of 1 October 2016.

Holder of a current licence—please pay the application fee of \$88.50^{Note}

New licence applicants—*select term of licence required:*

For a 1 year licence – please pay \$151.50 (includes \$88.50 application fee)

For a 2 year licence – please pay \$214.50 (includes \$88.50 application fee)

For a 3 year licence – please pay \$277.50 (includes \$88.50 application fee)

Applicants proposing to use radioactive substances, including security enhanced sources—please pay **an additional \$104.50** (criminal history check and security check fee)

Note: Existing use licensees who, under their licence, are allowed to use a radiation source to carry out a diagnostic or therapeutic procedure involving the irradiation of a person are not required to pay the application fee if they are applying for another use licence to carry out a diagnostic or therapeutic procedure involving the irradiation of a person.

The \$88.50 application fee and, if relevant, the \$104.50 criminal history check and security check fee, are not refundable if this application is not successful.

Payment Details

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

(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 below)*

Credit Card payments

(Complete this section if you wish to pay the fees for this application by MasterCard or Visa Card.)

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)*

Card Number

Expiry Date /

Signature of cardholder

Date

Important Note:

DO NOT EMAIL THIS PAGE

To ensure your credit card details remain secure, please do not email this page to the department. Your application, with payment, should only be posted. Security cannot be guaranteed if this page is emailed.