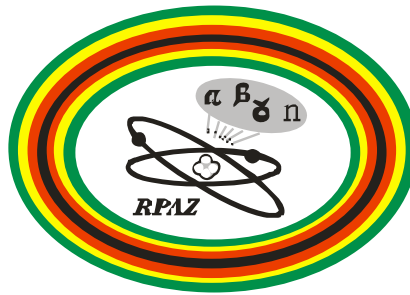


No 1 Mc Caw Drive
Avondale
Box A1710, Avondale
Harare
Zimbabwe
Tel: +263 4 335627/335683
Email: officialmail@rpaz.co.zw



RPAZ-LO-102

RADIATION PROTECTION AUTHORITY OF ZIMBABWE

RADIATION PROTECTION ACT [CHAPTER 15:15]

- INSTRUCTIONS: (i) Provide ALL the requested information
(ii) Tick appropriate box
(iii) Use separate sheet where necessary

NOTE: The Authority may require additional information to fully consider this application prior to issuing a licence

APPLICATION FOR A LICENCE TO OPERATE IONIZING RADIATION APPARATUS

1. PERSONAL DETAILS OF APPLICANT

- (a) Name:
Mr/Mrs/Dr/Miss
- (b) Previous surname (if applicable)
- (c) Date of birth
- (d) Residential address
-
-
- (e) Telephone
- (f) Address for correspondences:
-
- (g) Occupation
- (h) Do you hold any other licence for the operation of ionizing radiation apparatus?
Yes No

(i) If yes, please state Licence Number

2. EMPLOYMENT DETAILS

(a) Name of employer:

.....
(if more than one employer, attach full details of each employer)

(b) Principal business address of employer:

.....
.....
.....

Telephone:

(c) Principal business activity of employer:

.....

(d) Position held by applicant:

.....

3. DETAILS OF INTENDED WORK WITH APPARATUS

(a) Dental radiography

- (i) Intra oral and/or Extra
- (ii) OPG
- (iii) Cephalometric apparatus

(b) Medical

- (i) Radiography
- (ii) Fluoroscopy
- (iii) Therapeutic
- (iv) Other (specify in details)

(c) Veterinary

- (i) Radiography
- (ii) Fluoroscopy
- (iii) Therapeutic
- (iv) Others (specify in details)

(d) Industrial

- (i) Radiography
- (ii) Fluoroscopy

(e) Analytical

- (i) Diffraction
- (ii) Fluoroscopy
- (iii) Open beam analysis

(iv) Others (specify in details)

(f) Installation /Services

(g) Educational

(i) Research

(j) Others (please specify)

(k) Name and address of owner of apparatus to be operated by the applicant:

.....
.....
.....

4. APPLICANT’S QUALIFICATION AND TRAINING IN RADIATION PROTECTION

(a) Relevant educational qualifications, and the dates on which the qualifications were obtained:

.....
.....
.....

(Attach certified copies)

(b) Membership of Professional Bodies and Registration Number where applicable:

.....
.....

(Attach certified copies)

(c) Have you had any additional formal training in radiation protection?

Yes No

If yes, give details.

.....
.....

(d) Have you any relevant radiation experience?

.....

5. DETAILS OF PRIOR RADIATION PROTECTION CONVICTIONS

(a) Have you been convicted in any country of an offence under any Radiation Protection Legislation?

Yes

No

If yes, give details:

.....
.....
.....
.....

6. DECLARATION

I,.....(name)certify that all the information given herein is true and correct to the best of my knowledge.*

Signature :.....

Date:..... Official stamp:.....

** It is an offence in terms of the Radiation Protection Act [Ch 15:15] Section 20 (1)(d) and (e) to withhold any information to the ownership or management of a radiation source or give information which he knows to be untrue or has no reason to believe to be true.*

For Official Use Only

(i) Date at which application form was received.....

(ii) Date at which the application was evaluated.....

(iii) Licence / Registration No.:

(iv) Evaluated by.....Signature.....

(v) General remarks and/or comments:

.....
.....
.....
.....

NOTES:

1. Applicants must possess relevant qualifications for the operations they intend to carry out and proof of registration with the Health Professions Council (if applicable).

2. If you change place of employment, written notification to the Authority to that effect is required within 14 days.

3. The prescribed fee for application for a licence to operate apparatus, fee must accompany this application form.