

Form 31B – APPLICATION ACCREDITATION AS A COMPETENCY CERTIFIER

Section 31, Radiation Protection and Control Act 2021



Applicant's details

Surname _____ Given names _____

Birth date _____

Previous name (if applicable) _____

Correspondence address _____

Suburb _____ Post code _____

Telephone _____ Mobile _____

Email _____

Occupation _____

Personal details

Licence to operate radiation apparatus Yes No Licence number _____

Licence to use or handle radioactive material Yes No Licence number _____

Do you wish to have your name, email address, and contact no. listed on the EPA web page?
This enables applicants for an EPA licence to contact competency certifiers. Yes No

Types of accreditations

Nominate type of accreditation being applied for (select all that apply):

- Operate radiation apparatus
- Use or handle radioactive substances

In your self-assessment, please specify the scope of competency in respect of which accreditation to assess and certify is being applied for (eg to operate radiation apparatus for gauge operations).

Qualifications, prior accreditation, and training in radiation protection

Indicate the basis on which accreditation is being applied for, including the type of relevant professional qualification(s) you possess. NOTE: you must enclose a copy of your qualification and training certificates.

- Engineer Medical Physicist Radiographer
- Radiotherapist Scientist Technician
- Other (please specify)

OFFICE USE ONLY

Amount \$ _____ Employer no _____

Date ____/____/____ Licence no _____

Receipt no _____ Condition _____

Presc quals ____/____/____ by _____ Full approval ____/____/____ by _____

RPC ____/____/____ by _____ HUB ____/____/____

Employment details

Employment status (eg self-employed, employee): _____

- If self-employed/business owner:

Trading or Business name _____

ABN _____ ACN _____

- If employed:

Name and address of employer _____

Principal business activity of employer _____

Please include in your self-assessment a summary of your relevant professional employment history. Include such information as the organisation, job title, years employed, your occupation, and type of work.

Self-assessment

Please enclose (as an attachment) a self-assessment report that addresses the requirements specified in the policy Accreditation of third-party providers – radiation competency assessment.

Checklist

Enclosed a copy of relevant professional qualifications

Enclosed self-assessment against accreditation policy

Enclosed proof of successful completion of reaccredited course(s)

Signed and dated this form

Details of prior radiation protection convictions

Have you ever been convicted of an offence under any radiation protection legislation and/or ever been found guilty of an offence involving dishonesty or violence? Yes No

If yes, please give details _____

Have you ever had a licence (or an application for a licence) to operate radiation apparatus, or to use or handle a radioactive material, or an accreditation refused, suspended, or cancelled by any radiation licensing authority? Yes No

If yes, please give details _____

Declaration

I hereby declare that the information provided on this form and in support of this application is to the best of my knowledge complete and true in every particular.

Applicant's signature _____ Date _____

PENALTY FOR PROVIDING FALSE INFORMATION: UP TO \$20,000

NOTE: This form does not constitute a legal application unless it has been properly completed and signed, and is accompanied by the appropriate fee.

Fees

| | |
|----------------------------------|----------------|
| Application fee (non-refundable) | \$2,267 |
| Annual licence fee | \$ 885 |
| <hr/> | |
| Total fee payable | \$3,152 |
| <hr/> | |

These fees are applicable for applications lodged after 30 June 2024 and prior to 1 July 2025. GST Exempt

Lodgement of form

This form can be lodged by post to: Environment Protection Authority
Radiation Protection Branch
GPO Box 2607, ADELAIDE SA 5001

Or email: EPARadiationProtectionBranch@sa.gov.au

Cheques should be made payable to: Environment Protection Authority

For credit card payment please complete the details below

Cardholder's name _____ Visa MasterCard Amex

Card no _____

Amount of payment \$ _____ Cardholder's signature _____

Telephone no _____ CVV No (back of card) _____ Expiry date _____

Credit card payment only accepted within agreed trading terms

NOTE: The EPA does not have the facility to handle cash payments

Enquiries

Radiation Licensing Officer
Tel: (08) 8463 7826
Email: EPARadiationProtectionBranch@sa.gov.au