

In accordance with **section 5.2.1 Worker Registration** of the [Flinders University Ionising Radiation Safety Manual](#), this form is to be completed and returned to the Work Health and Safety Unit. The information on this form is confidential and will not be supplied to others without your permission. Please complete this form electronically and email it to whs@flinders.edu.au.

Section 1.

Surname

Title

Other names

Home address

College/Portfolio

Mobile

Gender

Date of birth

Current University Position

What is your FAN?

If OTHER please describe

Planned start date of radiation work with the University

Have you attended the Flinders Radiation Protection Training?

Briefly describe the nature of the radiation work you intend to perform

Please specify the Type of radiation to be used:

Unsealed sources - list isotope and highest activity used (e.g. C14, 300kBq)

Sealed sources - list isotope and activity

X-rays – list apparatus used(e.g. handheld XRF, etc).

Location of radiation work (Building and Room number)

Radiation Licence No. (*if you have one*)**Expiry Date****Name of licensed supervisor**

Have you previously worked at Flinders University with radiation?

If yes please specify Area,School,College etc.

My position at that time was

Please indicate the year

Have you performed radiation work at another organisation?

(If yes please sign below and go to section 2)

Signature**Date**

PREVIOUS RADIATION WORK WITH OTHER ORGANISATIONS

Section 2.

Have you previously worn a TLD/OSL personal monitoring badge as an employee of another organisation?

If YES then please list the organisations where this occurred and sign the authorisation for data release at the bottom of this section.

Employer's name

Address

Final year there

AUTHORISATION FOR RELEASE OF PREVIOUS RADIATION EXPOSURE DATA

I authorise the Radiation Safety Officer of the above named organisation(s) to release all the available details of my radiation exposure history to the Radiation Safety Officer of Flinders University.

Please forward my radiation exposure history directly to:

The Radiation Safety Officer,
Work Health and Safety Unit,
Flinders University
GPO Box 2100
Adelaide 5001, South Australia

Signature

Date

Name

Section 3.

FOR RADIATION SAFETY OFFICER (RSO) USE ONLY

Date received

Copy of Licence
Supplied

Dosimeter required

Previous dose
record requested

Licence required

Notes/Further information

RSO Signature

Date