

**= FAST TRACK =**



**Queensland  
Government**

## **FORM 6: Application for a licence to use radiation apparatus— Dental Purposes**

This application is intended to be used by the majority of persons seeking licences to use radiation apparatus for dental purposes. If you are unable to complete any aspect of this form using the selections available within the form, you should complete Form 2 instead.

This form is intended for electronic completion to facilitate fast-tracking of dental use licence applications. **Hand written applications will not be processed via the fast-track route.**

### **Completion Guide:**

1. The application form must be completed in all respects, then printed. It must be signed and dated before being posted or faxed.
2. This form is only to be used by registered dental practitioners, dental assistants or students.
3. The following documents are to be submitted with the application—failure to do this will result in your application being returned:
  - (i) a **certified** copy\* of your qualifications, training certificate or evidence of enrolment
  - (ii) a **certified** copy\* of your proof of identity documents—one of these documents **must** contain your photograph.

\*‘Certified copy’ means a copy of an original document that has been certified by a justice of the peace, commissioner for declarations or a notary public as being a correct copy of the original document.

4. The correct fee is to be submitted with the application—failure to do this will result in your application not being accepted. *Note: The application fee is not refundable if this application is not successful.*

### **How to Submit the Application:**

Please post or fax your signed and completed application form, associated documentation (see 3 above) and credit card payment form or cheque/money order to:

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

### **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](http://www.health.qld.gov.au).



RADIATION SAFETY ACT 1999

**Application for a Licence to Use Radiation  
Apparatus—Dental Purposes**

To: The Chief Executive

**1. APPLICANT DETAILS**

Title and surname:

Given name(s):

Date of Birth:    Current 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)**

**E-mail Address**

**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.

**2. QUALIFICATIONS AND TRAINING**

Select type of radiation apparatus to be used and your qualifications/training

If your qualifications or training do not appear in the relevant drop down list, please complete Form 2—Application for a licence to use a radiation source. Certified copy of your qualifications, training certificates or verification of enrolment as a student **must**

**accompany your application**

<input type="checkbox"/> Intra-oral dental diagnostic X-ray units	<input type="text"/>	Evidence included?	<input type="checkbox"/>
<input type="checkbox"/> Extra-oral dental diagnostic X-ray units	<input type="text"/>	Evidence included?	<input type="checkbox"/>
<input type="checkbox"/> Dental cone beam computed tomography X-ray units	<input type="text"/>	Evidence included?	<input type="checkbox"/>
<input type="checkbox"/> Laser apparatus	<input type="text"/>	Evidence included?	<input type="checkbox"/>

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

**3. AHPRA PROFESSIONAL REGISTRATION NUMBER:** *(n/a for dental assistants/students)*

**4. TERM/COST OF LICENCE REQUIRED:**

**5. DECLARATION**

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 attach 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.*

**6. IDENTIFICATION**

One certified copy\* of a document from Requirement 1 & one certified copy\* of a document from Requirement 2 **must accompany** your application

Requirement 1:  Evidence included?

Requirement 2:  Evidence included?

- At least 1 of the documents must contain a photograph of the applicant.
- \*'Certified copy' means a copy of an original document that has been certified by a justice of the peace, commissioner for declarations or a notary public as being a correct copy of the original document.

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## **Fees to accompany application**

*Note: Persons who require a licence to use a radiation source for dental purposes in the course of the person's study or training at an educational institution are not required to pay application or licence fees for the licence.*

*To claim this exemption from the requirement to pay fees, the applicant must provide evidence of enrolment.*

### **Schedule of Fees**

These fees are effective as of 1 October 2019.

Student—up to 3 year licence—no fee required

Holder of a current licence—no fee required

#### *New licence applicants:*

New licence up to 1 year—please pay \$165.50 (\$96.50 application fee + \$69.00 licence fee)

New licence up to 2 years—please pay \$234.50 (\$96.50 application fee + \$138.00 licence fee)

New licence up to 3 years—please pay \$303.50 (\$96.50 application fee + \$207.00 licence fee)

The application fee of \$96.50 (included in above costs) 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](http://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  /