



# Australasian Radiation Protection Accreditation Board Inc

*Striving for Professionalism in  
Radiation Protection*

## APPLICATION FORM

### Accreditation in Ionising Radiation Safety within Australia and New Zealand

Candidates are urged to obtain a copy of the **Candidates Kit** from the ARPAB website:

[www.arpab.org.au](http://www.arpab.org.au) or one of the sponsoring professional bodies.

Please complete the attached form and submit it via email, accompanied by the required evidence to:

The ARPAB Secretariat at [office@arpab.org.au](mailto:office@arpab.org.au)

### Certification Fees

Candidates accepted into the Accreditation Program will be sent invoices. The fee structure is detailed in the table below.

	Members of ARPS, ACPSEM or AIOH	Non-Members
Enrolment, assessment and certification for 5 years	\$450	\$675
Repeat examination (if required)	\$100	\$125
Renewal of certification (for 5 years)	\$250	\$300

*Note: Fees are not refundable. Australian Goods & Services Tax is not currently applicable to these fees.*

### Sponsoring Bodies



[www.acpsem.org.au](http://www.acpsem.org.au)



[www.arps.org.au](http://www.arps.org.au)



[www.aioh.org.au](http://www.aioh.org.au)

## SECTION A – DETAILS OF APPLICANT

### 1. Name and Contact Details

**Privacy Statement:** ARPAB provides this form so that you may apply for its accreditation. The information and documents collected for the purpose of this application may be accessible by members of the ARPAB Board. Names and contact details of successful applicants will be publicly available on the ARPAB website, unless ARPAB is requested otherwise. ARPAB will not disclose your personal information or supporting documents to third parties without your consent.

Title and surname:

Given name(s):

Date of Birth:

#### 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

#### E-mail Address

### 2. Profession/Occupation

What is your profession or occupation?

Present employer?

Current Position?

Professional Address?

## SECTION B - DETAILS OF QUALIFICATIONS AND PROFESSIONAL AFFILIATIONS

What formal qualifications or training have you completed?

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

<input type="text"/>	Evidence included?	<input type="checkbox"/>
<input type="text"/>	Evidence included?	<input type="checkbox"/>
<input type="text"/>	Evidence included?	<input type="checkbox"/>
<input type="text"/>	Evidence included?	<input type="checkbox"/>
<input type="text"/>	Evidence included?	<input type="checkbox"/>

Are you a member of any professional bodies?

(Note: Certified copies of evidence of your membership **must accompany your application**)

<input type="text"/>	Evidence included?	<input type="checkbox"/>
<input type="text"/>	Evidence included?	<input type="checkbox"/>

Highest educational level in physics?	<input type="text"/>	Year?	<input type="text"/>
Highest educational level in chemistry?	<input type="text"/>	Year?	<input type="text"/>
Highest educational level in mathematics?	<input type="text"/>	Year?	<input type="text"/>

**SECTION C - INFORMATION TO SUPPORT THE APPLICATION**

Copy of Curriculum Vitae is to be provided

Attached? ☐

Statement of Relevant Experience (*for non-graduates and for graduates in faculties other than physical sciences and engineering*)

Statement describing how suitable practical experience will be obtained

Statement from employer stating that suitable experience will be provided. Attached? ☐

Proposed topic for assignment on radiation protection plan

Statement of radiation monitoring experience to assist examiners when designing practical examination.

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

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