|  |  |  |
| --- | --- | --- |
| Name (legal person) e.g. a company registered in the RSA, an university, government department, hospital, etc.) OR name of partnership/trust etc. | | |
| Section or division of establishment - e.g. university dept, branch or division of company, a hospital (if part of a group), division of a partnership, etc. (if applicable). | | |
| 🕿 | Fax no.: | |
| **General** Email: | | Licence no. |

1. **PARTICULARS OF APPLICANT**
2. **Postal address (To be used for correspondence)**

|  |  |
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|  | |
| Suburb | Postcode: |

1. **RESPONSIBLE PERSON**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Surname: | | Initials: | | | ID no: | |
| Experience regarding radiation protection: | | | | | | |
| Designation: | | | Qualification: | | | |
| 🕿 | | | | Fax no.: | | |
| Email: | | | | Cell no | | |
| I am aware of my duties: | Signature: | | | | | Date: |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Appointed medical physicist** | | | | | | Full time | | Part time |
| Surname: | | Initials: | | | ID no: | | | |
| HPCSA reg. | | | | Qualifications: | | | | |
| 🕿 | | | Email: | | | | | |
| Fax no: | | | Cell no: | | | | | |
| I am aware of my duties: | Signature: | | | | | | Date: | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Appointed ACTING medical physicist** | | | | | | Full time | | Part time |
| Surname: | | Initials: | | | ID no: | | | |
| HPCSA reg. | | | | Qualifications: | | | | |
| 🕿 | | | Email: | | | | | |
| Fax no: | | | Cell no: | | | | | |
| I am aware of my duties: | Signature: | | | | | | Date: | |