**APPLICATION TO REGISTER AS A RADIATION WORKER**

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| **Note:**  ***Please complete the application form and submit together with all the relevant supporting documents to Radiation Department, SHENA via*** [***radapplication@shena.gov.bn***](mailto:radapplication@shena.gov.bn)***. This application form is to be submitted along with a passport photo, copy of verification / certificate / documentation when (\*) is listed.******Incomplete application submission will be automatically rejected.*** | | | | | | | |
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| 1. Applicant Name: Fill in here. | | | 1. For Renewal Application: 2. Worker Registration No.: Fill in here. Fill in her 3. Expiry date of previous Radiation Card\*: Fill in he. | | | | |
| 1. Application Type:  New  Renewal | | |
| 1. Position applied: (please tick one)   Radiation Protection Officer (RPO)  General Radiation Worker (e.g. radiographer, operator, etc) | | | 1. Previous Position (RPO/RPS/RW): Fill in here. Fill in | | | | |
| 1. Sex:  M  F | | | | |
| 1. Date of Birth (DD/MM/YY): Fill in here. Fill in here. | | | 1. Nationality: Fill in here. Fill in here. | | | | |
| 1. Home Address: Fill in here. Fill in here. | | | 1. Age: Fill in here. Fill in here. | | | | |
| 1. IC/Passport No.\*: Fill in here. Fill in here. | | | | |
| 1. Tel No.: Fill in here. Fill in here. | | | | |
| 1. Latest Medical Fitness result (Minimum 6 months validity) \*:   Fit  Unfit Validity: Fill in here. Fill in here. | | |
| 1. Email Address: Fill in here. Fill in here. | | | | |
| 1. Business Entity Name: Fill in here. Fill in here.   Address: Fill in here. Fill in here.    Tel No.: Fill in here. Fill in here. | | | Name of Business Entity contact person: Fill in here.  Fill in her  Email Address: Fill in here. Fill in here. | | | | |
| 1. Position of Applicant in Business Entity: Fill in here. Fill in here. | | | | | | | |
| 1. Educational Level (Please provide *Curriculum Vitae* in a separate attachment) \*: | | | | | | | |
| **Institution** | | **Level (e.g. MSc, BSc, Diploma, etc.)** | | **Course** | | | **Graduation Year** |
| Fill in here.  Fill in here. | | Fill in here..  Fill in here. | | Fill in here.  Fill in here.e. | | | Fill in here. He  Fill in here. re. |
| 1. List of Radiation Qualification/Training/Work Experience (You may use separate attachment) \*: | | | | | | | |
| **Organiser** | **Training Title** | | | | **Location** | **Date of Certification** | |
| Fill in here.  Fill in here. | Fill in here.  Fill in here. | | | | Fill in here.  Fill in here. | Fill in here.  Fill in here. | |
| 1. Please attach dose record \* (if applicable) | | | | | | | |
| 1. Medical Licence No. (For Medical Practitioner only) \*: Fill in here. | | | | | | | |
| 1. Declaration:   I, declare that all particulars and information provided in this application and the documents attached hereto are true to the best of my knowledge and belief, and I understand that the Safety, Health and Environment National Authority (SHENA) reserves the right to reject this application if, at any stage, the information provided is false and incorrect. Should verification be required on any information provided in this application, I hereby authorise SHENA to carry out the necessary investigations.  Applicant signature: Date: Fill in here.  Fill in here. | | | | | | | |
| 1. Countersignature:   I hereby endorse the above application of the applicant to become a Radiation Protection Officer/General Radiation Worker \* (where applicable) and declare that information provided is accurate and true to the best of my knowledge.  *Note:* *Please choose the appropriate signatory above by crossing out the irrelevant.*        Fill in here. Fill in here. Fill in here. Fill in here.  Name and Signature of Licensee / RPO Date and Business Entity Stamp | | | | | | | |