



Personal Radiation Monitoring Service - New centre registration

Centre details	
Centre type	<input type="checkbox"/> Business <input type="checkbox"/> Locum
ABN	
Business name	
Delivery address	
Suburb	
State	
Postcode	
Country (if not Australia)	

Centre contact information	
Mailing contact name	
Contact email address	
Business phone number	

Alternate contact name	
Alternate phone number or email	

Invoice contact (if different from mailing contact)	
Invoice mailing address	
Invoice email address	

Dose report contact (if different from mailing contact)	
Dose report mailing address	
Dose report email address	

Parent Organisation Details	
Parent Business name	
Other centres within parent group monitored by PRMS if known	

Centre monitoring requirements	
Classification of establishment type (see over)	
Most commonly used radiation source/s	
Types of monitor/s required	<input type="checkbox"/> OSL <input type="checkbox"/> Neutron <input type="checkbox"/> Extremity

Has this centre used ARPANSA's monitoring service before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is this a change of ownership?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous centre name or number	
Do you want to transfer all current wearer details from previous centre?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Total number of registered wearers	
Number of spares/un-named/area monitors	
Number of control monitors – Default is 1 and the control monitor is not charged for	
Preferred wearing cycle	<input type="checkbox"/> Ongoing 12-week cycle (standard) <input type="checkbox"/> Ongoing 4-week cycle <input type="checkbox"/> Single cycle as required
When would you like to receive your first cycle?	<input type="checkbox"/> ASAP <input type="checkbox"/> Other, please specify
Shipping option	<input type="checkbox"/> Standard delivery (free) <input type="checkbox"/> First delivery Express Post (\$10) <input type="checkbox"/> Yearly Express Post (\$55 per year)

Feedback	
How did you hear about us?	<input type="checkbox"/> Website <input type="checkbox"/> Conference <input type="checkbox"/> Radiation consultant <input type="checkbox"/> Regulator <input type="checkbox"/> Recommendation

Classification of establishment type	
Diagnostic radiology	40 Chiropractic practice
01 Small hospital department with one or two radiographers	50 Veterinary practice
02 Large hospital department with more than two radiographers	Industry
03 Private radiological practice	60 Manufacturer utilising quality control or quality assurance devices
04 Other medical practices	61 Industrial radiography
05 Other hospital and nursing establishments	Mining
Radiotherapy	70 Uranium mining
11 Dermatology	80 Mineral sand mining
12 Radiotherapy department (including gynaecology)	Research
13 Private radiotherapy practice	90 Government
Nuclear medicine/pathology	91 Medical and veterinary
20 Nuclear medicine department	92 Industry
21 Private nuclear medicine practice	Education
25 Pathology departments or practices	93 Tertiary
29 HOSPITAL with a combination of radiology, nuclear medicine and/or radiotherapy	94 Secondary
Dental	
30 Hospital	
31 Private practice	
32 Government service	
33 School dental service	

Wearer 1			
Surname		First name	
Middle initial		Previous name(s)	
Date of birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation code (see over)			
If you have previously been monitored by ARPANSA, what is your wearer ID number?			

Wearer 2			
Surname		First name	
Middle initial		Previous name(s)	
Date of birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation code (see over)			
If you have previously been monitored by ARPANSA, what is your wearer ID number?			

Wearer 3			
Surname		First name	
Middle initial		Previous name(s)	
Date of birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation code (see over)			
If you have previously been monitored by ARPANSA, what is your wearer ID number?			

Wearer 4			
Surname		First name	
Middle initial		Previous name(s)	
Date of birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation code (see over)			
If you have previously been monitored by ARPANSA, what is your wearer ID number?			

Wearer 5			
Surname		First name	
Middle initial		Previous name(s)	
Date of birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation code (see over)			
If you have previously been monitored by ARPANSA, what is your wearer ID number?			

The collection of personal information will comply with our [Privacy Policy | ARPANSA](#)

Occupation codes Classification of wearer occupations	
Diagnostic radiology	Veterinary
01 Radiation safety officer, hospital physicist	51 Veterinary
02 Radiologist	Industry, research and education
03 Medical practitioner (other than 07 below)	61 Those using X-ray diffraction units and/or electron microscopes, etc.
04 Radiographer and others X-raying patients (including trainees)	62 Those working outside totally enclosed installations
05 Assistant to 01, 02, 03 or 04	63 Those using non or partially enclosed radiation sources (other than 64)
06 Diagnostic radiology receptionist, office worker, etc.	64 Those using radioactive isotopes in tracer techniques
07 Medical specialist (e.g. cardiologist, urologist, surgeon)	66 Teacher/demonstrator
Radiotherapy	67 Student (other than post-graduate research included in above classifications)
11 Radiotherapist, dermatologist, gynaecologist	68 Radiation safety officer (industry, research and education)
12 Radiation safety officer, hospital physicist, therapy radiographer (including trainees)	Uranium mining
13 Those nursing patients with radioactive sources in situ	71 Mine worker
14 Assistant to 11, 12 or 13	72 Mill worker
15 Radiotherapy receptionist, office worker, etc.	73 Miscellaneous
Nuclear medicine or pathology	74 Radiation safety officer (uranium mining)
21 Radiation safety officer, hospital or medical physicist	Mineral sand mining
22 Nuclear medicine specialist or pathologist	81 Miner
23 Nuclear medicine technologist or medical laboratory technologist (including trainees)	82 Wet plant operator
24 Assistant to 21, 22 or 23	83 Dry plant operator
25 Nuclear medicine or pathology receptionist, office worker, etc.	84 Miscellaneous
Dentistry	85 Radiation safety officer (mineral sand mining)
31 Dental	90 Installation and maintenance personnel
Chiropractic	91 Inspector
41 Chiropractic	