# Personal Radiation Monitoring Service - New wearer registration

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| Centre/customer no: |  | Centre name: |  |

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| Wearer 1 | | | |
| Surname |  | Given name |  |
| Middle name – initial only |  | Previous name(s) |  |
| Date of birth |  | Gender | Male  Female |
| Have you previously been monitored by ARPANSA? | Yes  No | If yes, please quote your wearer registration number (if known) |  |
| What type of monitor do you require? | | OSL  Neutron  Extremity | |
| Occupation code (see over) | |  | |
| If your centre has multiple control groups  please specify which group to add your wearer to. | |  | |
| When would you like to receive your first monitor? | | ASAP  Included in the next wearing cycle | |
| Shipping (note: you will need to pay for the return) | | Standard delivery (free)  Express Post ($10 extra) | |
| Do you require a clip? | | Yes  No | |

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| Wearer 2 | | | |
| Surname |  | Given name |  |
| Middle name – initial only |  | Previous name(s) |  |
| Date of birth |  | Gender | Male  Female |
| Have you previously been monitored by ARPANSA? | Yes  No | If yes, please quote your wearer registration number (if known) |  |
| What type of monitor do you require? | | OSL  Neutron  Extremity | |
| Occupation code (see over) | |  | |
| If your centre has multiple control groups  please specify which group to add your wearer to. | |  | |
| When would you like to receive your first monitor? | | ASAP  Included in the next wearing cycle | |
| Shipping (note: you will need to pay for the return) | | Standard delivery (free)  Express Post ($10 extra) | |
| Do you require a clip? | | Yes  No | |

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| Wearer 3 | | | |
| Surname |  | Given name |  |
| Middle name – initial only |  | Previous name(s) |  |
| Date of birth |  | Gender | Male  Female |
| Have you previously been monitored by ARPANSA? | Yes  No | If yes, please quote your wearer registration number (if known) |  |
| What type of monitor do you require? | | OSL  Neutron  Extremity | |
| Occupation code (see over) | |  | |
| If your centre has multiple control groups  please specify which group to add your wearer to. | |  | |
| When would you like to receive your first monitor? | | ASAP  Included in the next wearing cycle | |
| Shipping (note: you will need to pay for the return) | | Standard delivery (free)  Express Post ($10 extra) | |
| Do you require a clip? | | Yes  No | |

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| Wearer 4 | | | |
| Surname |  | Given name |  |
| Middle name – initial only |  | Previous name(s) |  |
| Date of birth |  | Gender | Male  Female |
| Have you previously been monitored by ARPANSA? | Yes  No | If yes, please quote your wearer registration number (if known) |  |
| What type of monitor do you require? | | OSL  Neutron  Extremity | |
| Occupation code (see over) | |  | |
| If your centre has multiple control groups  please specify which group to add your wearer to. | |  | |
| When would you like to receive your first monitor? | | ASAP  Included in the next wearing cycle | |
| Shipping (note: you will need to pay for the return) | | Standard delivery (free)  Express Post ($10 extra) | |
| Do you require a clip? | | Yes  No | |

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| 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 |  |