



Personal Radiation Monitoring Service - New centre registration

| Centre details | |
|----------------------------|--|
| Centre type | <input type="checkbox"/> Business <input type="checkbox"/> Locum |
| ABN | |
| Business name | |
| Delivery street 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 <input type="checkbox"/> Eye |

| | |
|--|--|
| 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/area monitors/ environmental monitors | |
| Number of control monitors – Default is 1 and the control monitor is free of charge | |
| Preferred wearing cycle | <input type="checkbox"/> Ongoing 12-week cycle (standard) <input type="checkbox"/> Ongoing 4-week cycle (high exposure or pregnancy) <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 options | <input type="checkbox"/> Standard delivery (free) <input type="checkbox"/> First delivery Express Post (\$9.10 + GST) <input type="checkbox"/> Yearly Express Post (\$50 + GST per year) |

| Feedback | |
|----------------------------|--|
| How did you hear about us? | <input type="checkbox"/> Search engine <input type="checkbox"/> Conference <input type="checkbox"/> Radiation safety consultant <input type="checkbox"/> Regulator <input type="checkbox"/> Recommendation |

| Classification of establishment type | |
|--|---|
| Diagnostic radiology | 40 Chiropractic practice |
| 01 Small hospital department | 50 Veterinary practice |
| 02 Large hospital department | 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 | 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 | | | |
|--|--|------------------|--|
| Family name | | First given name | |
| Second given name | | Previous name(s) | |
| Date of birth | | Sex | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other |
| Occupation code (see over) | | | |
| If you have previously been monitored by ARPANSA, what is your wearer ID number? | | | |

| Wearer 2 | | | |
|--|--|------------------|--|
| Family name | | First given name | |
| Second given name | | Previous name(s) | |
| Date of birth | | Sex | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other |
| Occupation code (see over) | | | |
| If you have previously been monitored by ARPANSA, what is your wearer ID number? | | | |

| Wearer 3 | | | |
|--|--|------------------|--|
| Family name | | First given name | |
| Second given name | | Previous name(s) | |
| Date of birth | | Sex | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other |
| Occupation code (see over) | | | |
| If you have previously been monitored by ARPANSA, what is your wearer ID number? | | | |

| Wearer 4 | | | |
|--|--|------------------|--|
| Family name | | First given name | |
| Second given name | | Previous name(s) | |
| Date of birth | | Sex | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other |
| Occupation code (see over) | | | |
| If you have previously been monitored by ARPANSA, what is your wearer ID number? | | | |

| Wearer 5 | | | |
|--|--|------------------|--|
| Family name | | First given name | |
| Second given name | | Previous name(s) | |
| Date of birth | | Sex | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other |
| Occupation code (see over) | | | |
| If you have previously been monitored by ARPANSA, what is your wearer ID number? | | | |

The collection of personal information complies 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 | |