



Personal Radiation Monitoring Service - New wearer registration

Centre/customer no:	Centre n	ame:				
Wearer 1						
Family name		First g	iven name			
Second given name		Previo	ous name(s)			
Date of birth		Sex		☐ Male ☐ Female ☐ Other		
Have you previously been monitored by ARPANSA?	☐ Yes ☐ No		please quote your wearer mber (if known)			
What type of monitor(s) do you require?			□ OSL □ Neutron □ Extremity □ Eye			
Occupation code (list provided below)						
If your centre has multiple control monitor groups, please specify to which group to add your wearer						
When would you like to receive your first monitor?		□ AS	☐ ASAP ☐ Included in the next wearing cycle			
Shipping options Note: you will need to pay for the return		☐ Standard delivery (free) ☐ Express Post (\$9.10 + GST)				
Do you require a clip?		□ Yes	□ Yes □ No			
Wearer 2						
Family name		First giv	First given name			
Second given name		Previou	s name(s)			
Date of birth		Sex		☐ Male ☐ Female ☐ Other		
Have you previously been monitored by ARPANSA?	☐ Yes ☐ No		lease quote your wearer ber (if known)			
What type of monitor(s) do you require?		□ OSL	□ OSL □ Neutron □ Extremity □ Eye			
Occupation code (list provided below)						
If your centre has multiple monitor groups please specify to which group to add your wearer						
When would you like to receive your first monitor?		\square ASAP \square Included in the next wearing cycle				
Shipping options Note: you will need to pay for the return		☐ Standard delivery (free) ☐ Express Post (\$9.10 + GST)				
Do you require a clip?		□Yes	□ Yes □ No			

Wearer 3					
Family name		First given name			
Second given name		Previous name(s)			
Date of birth		Sex	☐ Male ☐ Female ☐ Other		
Have you previously been monitored by ARPANSA?	☐ Yes ☐ No	If yes, please quote your wearer ID number (if known)			
What type of monitor(s) do you require?		□ OSL □ Neutron □ Extrem	ity □ Eye		
Occupation code (list provided below)					
If your centre has multiple monitor groups please specify to which group to add your wearer					
When would you like to receive your first monitor?		☐ ASAP ☐ Included in the next wearing cycle			
Shipping options Note: you will need to pay for the return		☐ Standard delivery (free) ☐ Express Post (\$9.10 + GST)			
Do you require a clip?		☐ Yes ☐ No			
	We	earer 4			
Family name		First given name			
Second given name		Previous name(s)			
Date of birth		Sex	☐ Male ☐ Female ☐ Other		
Have you previously been monitored by ARPANSA?	□ Yes □ No	If yes, please quote your wearer ID number (if known)			
What type of monitor(s) do you require?		□ OSL □ Neutron □ Extrem	ity □ Eye		
Occupation code (list provided below)					
If your centre has multiple monitor groups please specify to which group to add your wearer					
When would you like to receive your first monitor?		☐ ASAP ☐ Included in the next wearing cycle			
Shipping options Note: you will need to pay for the return		☐ Standard delivery (free) ☐ Express Post (\$9.10 + GST)			
Do you require a clip?		☐ Yes ☐ No			

The collection of personal information complies with our <u>Privacy Policy | ARPANSA</u>

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				