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| Name (legal person) e.g. a company registered in the RSA, an university, government department, hospital, etc.) OR name of partnership/trust etc. |
| Section or division of establishment - e.g. university dept, branch or division of company, a hospital (if part of a group), division of a partnership, etc. (if applicable). |
| 🕿 | Fax no.: |
| **General** Email: | Licence no.  |

1. **PARTICULARS OF APPLICANT**
2. **Postal address (To be used for correspondence)**

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|  |
| Suburb | Postcode: |

1. **RESPONSIBLE PERSON**

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| Surname: | Initials: | ID no: |
| Experience regarding radiation protection: |
| Designation: | Qualification: |
| 🕿 | Fax no.: |
| Email: | Cell no |
| I am aware of my duties: | Signature: | Date: |

|  |  |  |
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| 1. **Appointed medical physicist**
 | Full time | Part time |
| Surname: | Initials: | ID no: |
| HPCSA reg. | Qualifications: |
| 🕿 | Email: |
| Fax no: | Cell no: |
| I am aware of my duties: | Signature: | Date: |

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| 1. **Appointed ACTING medical physicist**
 | Full time | Part time |
| Surname: | Initials: | ID no: |
| HPCSA reg. | Qualifications: |
| 🕿 | Email: |
| Fax no: | Cell no: |
| I am aware of my duties: | Signature: | Date: |