



Automatic Mutual Recognition Notification

Intention to work in Western Australia (WA) under the Automatic Recognition Scheme

1	Contact Details
	First Name: _____ Other name/s: _____ Surname: _____ Date of Birth: _____ Telephone: _____ Email Address: _____ Residential Address: _____ <i>Residential address is your principal place of residence in your home-state or territory. We may request additional proof of residential address.</i>
2	Intended Use of Radiation in WA
	<i>Automatic mutual recognition only applies to the use of radiation permitted by your home-state or territory licence.</i> Have you previously made a notification under Automatic Mutual Recognition to WA? Yes Date of last notification: _____ No
3	Radiation Licence (Use Authorisation)
	Have you ever held a WA radiation licence? Yes Provide licence number, if known: _____ No
	Is your licence in your home-state or territory current? <i>(your licence is not current if it has been cancelled or suspended)</i> Yes Date of expiry: _____ No <i>If no, you are not eligible to work under automatic mutual recognition.</i>

	<p>Are you subject to disciplinary action, any investigation or in any other way prohibited or restricted from undertaking this activity?</p> <p>Yes Please describe:</p> <p>No</p>
	<p>You must include with the notification a copy of your current home-state or territory licence relevant to the radiation work you intend to undertake in WA.</p> <p>The copy must include all pages of the licence (i.e. certificate and all conditions).</p>
<p>4</p>	<p>Employment Details</p> <p>Organisation at which radiation source is intended to be used in Western Australia:</p> <p><i>X-ray equipment, radioactive substances and class 3B or 4 lasers brought into WA and the premises on which they are used, stored or otherwise dealt with must be registered with the Radiological Council. This notification form does not apply to equipment or substances and therefore a valid registration or temporary permit will be required.</i></p>
<p>5</p>	<p>Declaration</p> <p>By signing this form you declare that the information provided is true and correct and that you agree to provision of this information by the Radiological Council to the radiation safety officer at the nominated facility.</p> <p>Signature: _____ Date: _____</p>
<p>6</p>	<p>Submit Form</p> <p>Email the Radiological Council at: radiation.health@health.wa.gov.au and include</p> <p><input checked="" type="checkbox"/> completed form and</p> <p><input checked="" type="checkbox"/> a full copy of your current home-state or territory licence.</p>

Queries: radiation.health@health.wa.gov.au
www.radiologicalcouncil.wa.gov.au
(08) 9222 0888