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**Application Form for Approval by the**

**EPA for inclusion on the RPA Register**

***(to an undertaking involved in the practice of medicine, dentistry, chiropractic and veterinary medicine)***

Prepared by

The Radiation Protection Regulation Programme

July 2016

**Guidance on completing the application form for category II RPA approval**

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**Please read Guidelines for Applicants before completion**

**Please ensure that your details are clearly indicated on all attachments**

**Part 1 Applicant Details**

**First names:**

**Surname:**

**Title:**

**Date of Birth:**

**Correspondence Address:**

**Telephone: Fax:**

**Email:**

**Mobile:**

• I acknowledge that failure to submit adequate information could result in my application being returned for modification without being

submitted for assessment.

• I understand that the additional material will not normally be returned.

• I understand that the RPII may seek verification of the information supplied in support of this application.

• I wish to be included in the list of RPAs available to provide consultancy

services which may be forwarded by the Institute to its licensees.

Yes No

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 2 Qualifications and Training**

**2.1 Degrees, Diplomas and Academic Awards**

**Primary Degree**

|  |  |
| --- | --- |
| **Title** |  |
| **University or Awarding Body** |  |
| **Qualification** |  |
| **Date Awarded** |  |
| **Grade** |  |
| **Principal Subjects** |  |

**Higher Degree**

|  |  |
| --- | --- |
| **Title** |  |
| **University or Awarding Body** |  |
| **Qualification** |  |
| **Date Awarded** |  |
| **Grade** |  |
| **Principal Subjects/**  **Research Topic**  **e.g. Masters thesis** |  |

**Doctorate**

|  |  |
| --- | --- |
| **Title** |  |
| **University or Awarding Body** |  |
| **Date Awarded** |  |
| **Research Topic** |  |

**Other Relevant Qualifications:**

**2.2 Additional Information: (Thesis titles, project reports & publications)**

*If necessary, continue on a separate sheet, clearly labelled with your name and continuation point.*

**2.3 Relevant Training Courses and Scientific Meetings Attended (over the previous 3- 5 years)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisers** | **Title and Content** | **Duration** | **Dates** |
|  |  |  |  |

**2.4 Continuous Professional Development**

*Please indicate evidence of CPD (e.g. CPD points or hours per year gained relevant to Radiation Protection for the previous 3 years).*

**2.5 Current Membership of Professional and Learned Societies**

*If you hold RPA certification from another approval body please provide details here.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Society** | **Membership** | **Type** | **Year** |
|  |  |  |  |

**Part 3 Professional Record**

**3.1 Positions of Employment (list positions for the previous 7 years)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From** | **To Present Date** | **Employer** | **Position** | **Grade** |
|  |  |  |  |  |

**3.2 Present Post**

*(please attach a description for your present post and if in present post for less than 2 years please include description of previous post –*

*attachment 1)*

**3.3 Organisational Responsibility**

*(please attach an appropriate organisation chart for your present post – attachment 2)*

Please provide an organisation chart for your present post showing the line management structure immediately above and below you, and colleagues working alongside you. Your own post should be clearly marked, giving the number of persons directly supervised by you where this is not clear from the chart. You may also provide up to two additional organisation charts relating to previous posts, which provide this information. The chart(s) should clearly outline your relationship to (Hospital) Management where relevant and your role within the organisation in terms of Radiation Protection. This should also indicate the fraction of your time (as a % of the total) spent on matters directly related to Radiation Protection.

**3.4 Résumé of Experience in Radiation Protection**

*(Please include a résumé of experience – attachment 3)*

**Applicant’s Undertakings**

I wish to apply for approval to act as an RPA and to be included in the RPA Register as established by the EPA under Article 19 of S.I. No. 125 of 2000 and declare that the information I have provided in support of this application is, to the best of my

knowledge, accurate and true.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Signature of Applicant)*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Checklist:**

* Completed Application Form
* Description of current employment
* Organisational Chart(s)
* Résumé of Experience
* Applicants Signature
* Fee

**Please ensure that your details are clearly indicated on all attachments.**

A soft copy of your application, including all support documentation,must be submitted to theRPA Assessment Committeec/o [RadRegulatory@epa.ie](mailto:RadRegulatory@epa.ie)

The application must be accompanied by the appropriate fee (€550). Please see EPA bank details below:

|  |
| --- |
| Bank of Ireland |
| Ballsbridge, |
| Dublin 4 |
| Account No: 27440604 |
| Sort Code: 90 – 09 – 73 |
| BIC: BOFIIE2D |