



## Radiation Protection Adviser (RPA) Application Form

May 2022

**Application form for approval to act as a Radiation Protection Adviser (RPA), under the Radiological Protection Act 1991 (Ionising Radiation) Regulations 2019**

Individuals seeking RPA certification should submit an application to the EPA prior to the two annual submission dates detailed on the EPA website.

**Application fee**

The fee associated with making an application for re-approval is €550. This fee is non-refundable in the event that an application is unsuccessful.

Instructions for the Applicant:

- Complete Parts 1-8 and if appropriate Part 6 of this Application Form.
- Ask mentor/RPA/Senior Manager to complete and sign the Declaration of Support (Part 4), of this Application Form.
- Preferably take a copy of **all the material** that you are sending to EPA, since none will normally be returned to you.
- Complete Part 8, ensuring all essential items have been completed and send the RPA application form together with your complete Competency Matrix Spreadsheet and Portfolio of Evidence to: [RadRegulatory@epa.ie](mailto:RadRegulatory@epa.ie)

Queries may be addressed to :

**Radiological Protection Regulation,  
Office of Environmental Enforcement,  
McCumiskey House,  
Richview,  
Clonskeagh Road,  
Dublin 14,  
D14 YR62**

**Tel : +353 1 2680100**

**Email: [orpedensupport@epa.ie](mailto:orpedensupport@epa.ie)**

## Part 1. Applicant Details

Surname:	Title:	Other names:	
Business address:		Tel. No:	Mobile No:
		Email:	
Address for correspondence:		Tel. No.	Mobile No:
		Email:	

Applying for (please tick): Level 1 RPA  Level 2 RPA

## Part 2. Qualifications and Professional/Learned Societies

### 2.1. Relevant Degrees, Diplomas and Academic Awards

Title	University or Awarding Body	Date awarded	Grade	Principal Subjects

### 2.2. Current Membership of Professional and Learned Societies

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

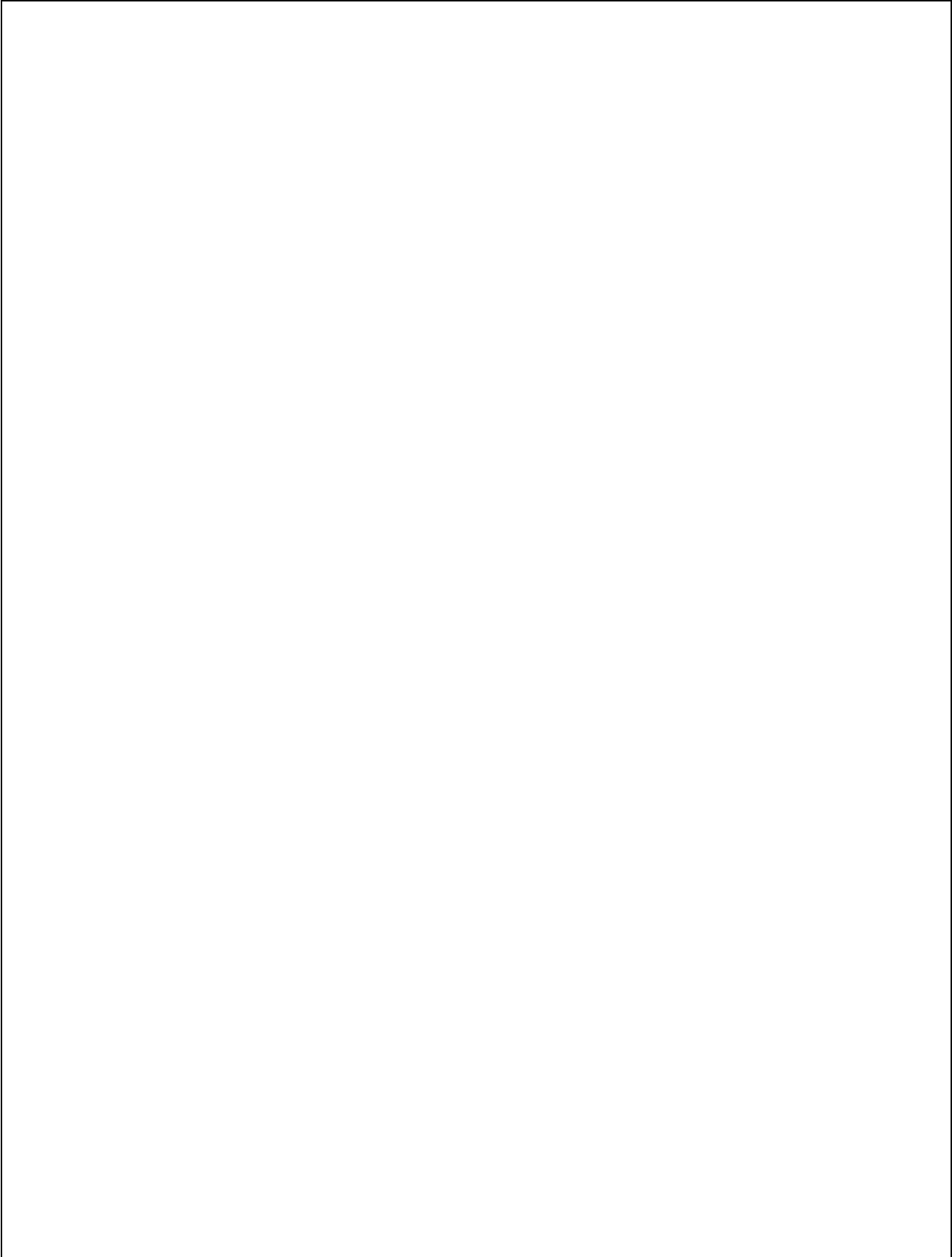
Society	Membership Type	Years

**Part 3. Professional Record**

3.1. Positions of Employment. List positions for previous 5 years.

From	To	Employer	Position	Grade
	Present			

3.2. Job Description of Present Post, and if in present post less than 2 years please also include description of previous post. ***(Please detail relevant experience and responsibilities with regard to radiation protection including an organogram which should clearly outline your role within the organisation in terms of radiation protection and governance)*** You should include an estimate of your total time spent on work related to radiation protection.



**Part 4: Declaration of support by Mentor/RPA/Senior Management**

I declare that I support the RPA application compiled by the Applicant and that it reflects the extent and nature of his/her own work. I also declare that I know of no reason why the applicant would be unsuitable to be an RPA.

Your name:	
Your Job Title:	
Your address:	
Your Tel. No:	Your email:
Your professional relationship to applicant:	
Are you an Approved RPA? Yes/No	
Any additional comments:	
Signed:	Date:

### Part 5: Competency Matrix and Portfolio for RPA

**Competency Matrix:** Please record details of all relevant information in the Competency Matrix spreadsheet as detailed in the Guidance for RPA Applications. The Competency Matrix spreadsheet is the only format that will be accepted by the Assessment Committee.

**Portfolio:** Please submit a portfolio of evidence of your own work (3 pieces for Level 1 applications or 5 pieces for Level 2 applications) as detailed in the Guidance for RPA Applications. Candidates are reminded that they must submit a **Risk Assessment**.

### Part 6: List of RPAs available for consultation

Please complete this Part of the Application Form if you want to have your name and contact details listed as a RPA available for consultation on the EPA website.

How you wish your name to appear on this list:	
The contact address to appear on this list:	
The contact telephone number to appear on this list:	
The contact email address to appear on this list:	

## Part 7: Self Declaration

Radiation Protection Advisers must:

- Recognise their area(s) of competence
- Only provide advice on matters within their area(s) of competence
- Stay up to date with scientific and technical literature, regulations and professional standards relevant to radiation protection.

I certify that all the information associated with this application is complete and correct to the best of my knowledge. I understand that any falsification in this application will be grounds for rejection, or later revocation of any approval issued. I understand that the EPA may request further evidence and I agree to supply such evidence within the specified timeframe. If I am registered as an RPA at any level, I understand that I will be required to maintain the registration according to the conditions set by the EPA. I accept that the EPA may, in accordance with Regulation 79 (1) (c) of IRR19, remove my name from the register where they are of the view that I no longer meet the approval criteria

**Signature:** \_\_\_\_\_

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



## Part 8: Applicant checklist

I certify that my application has been compiled in accordance with the EPA Guidance for RPA Applications and that the following items are included:

✓	Essential items
	Completed <b>Application Form</b> Part 1-7
	<b>Competency Matrix</b>
	<b>Portfolio: Three (Level 1) or five (Level2)</b> pieces of evidence, one of which must be a Risk Assessment
	<b>Declaration of support</b> signed by mentor/RPA/Senior manager (Part 4)
	<b>Self Declaration:</b> Signed by applicant (Part 7)

- I acknowledge that failure to comply completely with this statement could mean that my application is returned for modification, without being submitted for assessment.
- I understand that my application and portfolio of evidence will **not** normally be returned.
- **FEE:** Using the bank details below, please transfer the fee of €550 in support of this application, quoting your name as a Reference description.

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

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

## EPA Bank Details

Bank Name	Allied Irish Bank,
Bank Address	North Main Street , Wexford
Bank Account Name	Environmental Protection Agency
Bank Account Number	23507098
Sort Code/Bank Key /ABA Code	933341
IBAN	IE23 AIBK 933341 23507098
SWIFT CODE	AIBKIE2D
Currency of Payments	Euro