


DEPARTMENT OF HEALTH

The Director, Radiation Control, Private Bag X62, BELLVILLE, 7535. ☎ (021) 9486162; Fax no. (021) 9461589

CHANGE OF RESPONSIBLE PERSON OR MEDICAL PHYSICIST FOR THE USE OF A THERAPEUTIC DEVICE OR PARTICLE ACCELERATOR


1. PARTICULARS OF APPLICANT

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.	

2. POSTAL ADDRESS (To be used for correspondence)


Suburb	Postcode:

3. RESPONSIBLE PERSON

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


4. APPOINTED MEDICAL PHYSICIST

Full time	Part time
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Surname:	Initials:	ID no:
HPCSA reg.	Qualifications:	
	Email:	
Fax no:	Cell no:	
I am aware of my duties:	Signature:	Date:

5. APPOINTED ACTING MEDICAL PHYSICIST

Full time	Part time
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Surname:	Initials:	ID no:
HPCSA reg.	Qualifications:	
	Email:	
Fax no:	Cell no:	
I am aware of my duties:	Signature:	Date: