DEPARTMENT OF HEALTH

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

**APPLICATION IN TERMS OF ARTICLE 4 OF THE HAZARDOUS SUBSTANCES ACT, 1973 (ACT 15 OF 1973)**

APPOINTMENT/TERMINATION OF A MEDICAL PHYSICIST FOR INTERVENTIONAL RADIOLOGY IN TERMS OF PAR I.A.9.1.1 OF THE REQUIREMENTS FOR LICENCE HOLDERS WITH RESPECT TO QUALITY CONTROL TESTS FOR DIAGNOSTIC X-RAY IMAGING SYSTEMS

# PARTICULARS OF APPLICANT

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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.  |

# Postal address (To be used for correspondence)

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|  |
|  |
|  | Postcode: |

|  |  |
| --- | --- |
| Appointed medical physicist  |  |
| Surname: | Initials: | ID no: |
| HPCSA reg. | Qualifications: |
| Cell no | Email: |
| I (PLEASE PRINT) ..................................................................................................................................hereby declare that I am aware of my responsibilities and the information supplied is to the best of my knowledge, true and correct, and I will complete section 4 when I terminate my appointment. Failure to terminate my appointment will imply that I am still responsible to perform the duties under par. I.A.9.1.1 |
| Signature: | Date: |

**4 TERMINATION OF APPOINTMENT AS A MEDICAL PHYSICIST**

|  |  |  |
| --- | --- | --- |
| Surname: | Initials: | HPCSA reg |
| Cell no: | Email: |
| I (PLEASE PRINT) .......................................................................................................................hereby request that my appointment as a medical physicist for the above licence holder be terminated from .................................................. |
| Signature: | Date: |