Enquiries: RN Admin: 021-015 5511 radionuclides@sahpra.org.za

1. Surname: ............................................................................................................. Phone:

2. First names: ..................................................................................................... Cellphone:

3. Date of birth (dd-mm-yyyy):..................................................................... ID No:

4. Postal Address:

5. SABS BIN No.: ................................................................................................. Email:

6. Educational qualifications ***(Attach certified copies of certificates/diplomas)***

|  |  |  |
| --- | --- | --- |
| Name of / School / Technicon / College / University | Date | Qualification obtained |
| From | To |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Experience in the field of gamma radiography ***(Attach certified copies of post-qualification log sheets.)***

|  |  |  |  |
| --- | --- | --- | --- |
| Employer | Period | Radionuclides and activities used | Under supervision of: (name of authorised Industrial Radiographer) |
| From(mm/yy) | To(mm/yy) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

8. Employer’s email

Employer’s postal address .............................................................................................................................................................................................................................

9. I declare that all the information given above is true and correct:

|  |  |
| --- | --- |
| Signature of applicant: | Date: |
| Name (Print legibly): | Designation: |

Download the current Radionuclides forms from [www.sahpra.org.za](http://www.sahpra.org.za) (Health Products tab).

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