



## Personal Radiation Monitoring Service - New wearer registration

|                     |  |              |  |
|---------------------|--|--------------|--|
| Centre/customer no: |  | Centre name: |  |
|---------------------|--|--------------|--|

| Wearer 1   |   |   |   |
|--|---|---|---|
| Family name  |   | First given name                                      |   |
| Second given name  |   | Previous name(s)                                      |   |
| Date of birth  |   | Sex   | <input type="checkbox"/> Male <input type="checkbox"/> Female<br><input type="checkbox"/> Other |
| Have you previously been monitored by ARPANSA?   | <input type="checkbox"/> Yes <input type="checkbox"/> No  | If yes, please quote your wearer ID number (if known) |   |
| What <u>type of monitor(s)</u> do you require?   | <input type="checkbox"/> OSL <input type="checkbox"/> Neutron <input type="checkbox"/> Extremity <input type="checkbox"/> Eye |   |   |
| Occupation code (list provided below)  |   |   |   |
| If your centre has multiple control monitor groups, please specify to which group to add your wearer |   |   |   |
| When would you like to receive your first monitor?   | <input type="checkbox"/> ASAP <input type="checkbox"/> Included in the next wearing cycle                                     |   |   |
| Shipping options<br>Note: you will need to pay for the return  | <input type="checkbox"/> Standard delivery (free) <input type="checkbox"/> Express Post (\$9.10 + GST)                        |   |   |
| Do you require a clip?   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |   |

| Wearer 2  |   |   |   |
|---|---|---|---|
| Family name   |   | First given name                                      |   |
| Second given name   |   | Previous name(s)                                      |   |
| Date of birth   |   | Sex   | <input type="checkbox"/> Male <input type="checkbox"/> Female<br><input type="checkbox"/> Other |
| Have you previously been monitored by ARPANSA?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | If yes, please quote your wearer ID number (if known) |   |
| What <u>type of monitor(s)</u> do you require?  | <input type="checkbox"/> OSL <input type="checkbox"/> Neutron <input type="checkbox"/> Extremity <input type="checkbox"/> Eye |   |   |
| Occupation code (list provided below)   |   |   |   |
| If your centre has multiple monitor groups please specify to which group to add your wearer |   |   |   |
| When would you like to receive your first monitor?  | <input type="checkbox"/> ASAP <input type="checkbox"/> Included in the next wearing cycle                                     |   |   |
| Shipping options<br>Note: you will need to pay for the return                               | <input type="checkbox"/> Standard delivery (free) <input type="checkbox"/> Express Post (\$9.10 + GST)                        |   |   |
| Do you require a clip?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |   |

| Wearer 3  |  |   |   |
|---|--|---|---|
| Family name   |  | First given name  |   |
| Second given name   |  | Previous name(s)  |   |
| Date of birth   |  | Sex   | <input type="checkbox"/> Male <input type="checkbox"/> Female<br><input type="checkbox"/> Other |
| Have you previously been monitored by ARPANSA?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please quote your wearer ID number (if known)   |   |
| What <u>type of monitor(s)</u> do you require?  |  | <input type="checkbox"/> OSL <input type="checkbox"/> Neutron <input type="checkbox"/> Extremity <input type="checkbox"/> Eye |   |
| Occupation code (list provided below)   |  |   |   |
| If your centre has multiple monitor groups please specify to which group to add your wearer |  |   |   |
| When would you like to receive your first monitor?  |  | <input type="checkbox"/> ASAP <input type="checkbox"/> Included in the next wearing cycle                                     |   |
| Shipping options<br>Note: you will need to pay for the return                               |  | <input type="checkbox"/> Standard delivery (free) <input type="checkbox"/> Express Post (\$9.10 + GST)                        |   |
| Do you require a clip?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |

| Wearer 4  |  |   |   |
|---|--|---|---|
| Family name   |  | First given name  |   |
| Second given name   |  | Previous name(s)  |   |
| Date of birth   |  | Sex   | <input type="checkbox"/> Male <input type="checkbox"/> Female<br><input type="checkbox"/> Other |
| Have you previously been monitored by ARPANSA?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please quote your wearer ID number (if known)   |   |
| What <u>type of monitor(s)</u> do you require?  |  | <input type="checkbox"/> OSL <input type="checkbox"/> Neutron <input type="checkbox"/> Extremity <input type="checkbox"/> Eye |   |
| Occupation code (list provided below)   |  |   |   |
| If your centre has multiple monitor groups please specify to which group to add your wearer |  |   |   |
| When would you like to receive your first monitor?  |  | <input type="checkbox"/> ASAP <input type="checkbox"/> Included in the next wearing cycle                                     |   |
| Shipping options<br>Note: you will need to pay for the return                               |  | <input type="checkbox"/> Standard delivery (free) <input type="checkbox"/> Express Post (\$9.10 + GST)                        |   |
| Do you require a clip?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |

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**Occupation codes**  
**Classification of wearer occupations**

|   |   |
|---|---|
| <b>Diagnostic radiology</b>   | <b>Veterinary</b>   |
| <b>01</b> Radiation safety officer, hospital physicist  | <b>51</b> Veterinary  |
| <b>02</b> Radiologist   | <b>Industry, research and education</b>   |
| <b>03</b> Medical practitioner (other than 07 below)  | <b>61</b> Those using X-ray diffraction units and/or electron microscopes, etc.         |
| <b>04</b> Radiographer and others X-raying patients (including trainees)                          | <b>62</b> Those working outside totally enclosed installations                          |
| <b>05</b> Assistant to 01, 02, 03 or 04   | <b>63</b> Those using non or partially enclosed radiation sources (other than 64)       |
| <b>06</b> Diagnostic radiology receptionist, office worker, etc.                                  | <b>64</b> Those using radioactive isotopes in tracer techniques                         |
| <b>07</b> Medical specialist (e.g. cardiologist, urologist, surgeon)                              | <b>66</b> Teacher/demonstrator  |
| <b>Radiotherapy</b>   | <b>67</b> Student (other than post-graduate research included in above classifications) |
| <b>11</b> Radiotherapist, dermatologist, gynaecologist  | <b>68</b> Radiation safety officer (industry, research and education)                   |
| <b>12</b> Radiation safety officer, hospital physicist, therapy radiographer (including trainees) | <b>Uranium mining</b>   |
| <b>13</b> Those nursing patients with radioactive sources in situ                                 | <b>71</b> Mine worker   |
| <b>14</b> Assistant to 11, 12 or 13   | <b>72</b> Mill worker   |
| <b>15</b> Radiotherapy receptionist, office worker, etc.  | <b>73</b> Miscellaneous   |
| <b>Nuclear medicine or pathology</b>  | <b>74</b> Radiation safety officer (uranium mining)                                     |
| <b>21</b> Radiation safety officer, hospital or medical physicist                                 | <b>Mineral sand mining</b>  |
| <b>22</b> Nuclear medicine specialist or pathologist  | <b>81</b> Miner   |
| <b>23</b> Nuclear medicine technologist or medical laboratory technologist (including trainees)   | <b>82</b> Wet plant operator  |
| <b>24</b> Assistant to 21, 22 or 23   | <b>83</b> Dry plant operator  |
| <b>25</b> Nuclear medicine or pathology receptionist, office worker, etc.                         | <b>84</b> Miscellaneous   |
| <b>Dentistry</b>  | <b>85</b> Radiation safety officer (mineral sand mining)                                |
| <b>31</b> Dental  | <b>90</b> Installation and maintenance personnel  |
| <b>Chiropractic</b>   | <b>91</b> Inspector   |
| <b>41</b> Chiropractic  |   |