RC013-1

**DEPARTMENT OF HEALTH**

**DIRECTORATE: RADIATION CONTROL**

**APPLICATION TO REGISTER AS AN INDUSTRIAL RADIOGRAPHER (X-RAY RADIOGRAPHY)**

This form must be completed in block letters or in typescript and forwarded to:

Director: Radiation Control

Private Bag X62

BELLVILLE, 7535.

|  |  |
| --- | --- |
| 1. SURNAME OF APPLICANT: |  |
| 2. FIRST NAMES: |  |
| 3. DATE OF BIRTH: |  |
| 4. IDENTITY NUMBER: |  |
| 5. CONTACT DETAILS: | Cell No Email: |
| 6. SABS IDENTIFICATION NO : |  |

7. EDUCATIONAL QUALIFICATIONS **(Certified copies of certificates/diplomas in X-Ray Radiography must be attached.)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Date | |  |
| Name of Technicon/Institution | From | To | Diploma/Certificate obtained |
|  |  |  |  |
|  |  |  |  |
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8. EXPERIENCE IN THE FIELD OF X-RAY RADIOGRAPHY **(Certified proof of employment must be attached.)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Period (Months, Years) | | Under supervision of (name of authorised Industrial Radiographer) |
| Employer | From | To |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total number of hours practical training:** | | |  |

9. ADDRESS TO WHICH CORRESPONDENCE SHOULD BE SENT

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| --- |
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|  |
|  |

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

|  |  |
| --- | --- |
| SIGNATURE OF APPLICANT: | DATE: |
| NAME (PLEASE PRINT): | DESIGNATION: |