UK Health Security Agency

Training course application form

Radiation Protection Services

Course title		Fee	
Date	Venue R	eference (if stated)	
Delegate details			
Surname	Forename	Title	
Main duties			
Surname	Forename	Title	
Main duties			
Surname	Forename	Title	
Main duties			
Organisation name and address			
		Postcode	
Telephone	Fax		
Email			
Correspondence address (if different from above)			
		Postcode	
Please provide details of any special requ	uirements eg, hearing or visual assis	tance, restricted mobility of special diet:	
Radiation Safety Training for the Work	place courses – please tick areas	of interest:	
Analytical equipment (laboratory)	Emergency responder	Industrial radiography - X-rays	
 Analytical equipment portable/hand-held 	Gauges - radioactive sources	NORM/LSA scale Security or other X-ray inspection	
Dental practice	Industrial radiography Gamma	Unsealed radioisotopes - laboratory	
Dental supply			
Other uses or further information:			
Non-Ionising Radiation Safety training courses – please tick areas of interest:			
Artificial optical radiation	Laser - medical/dental	Laser/Optical - research	
EMF heating/welding	Laser/Intense Pulsed Light	Power distribution	
EMF industry	- beauty/aesthetic	RF/microwave communications Workplaces and restance	
Other uses or further information:	Laser/Optical - industry		
Radiation Protection Training Scheme training courses – please tick areas of interest:			
	Instrumentation	Nuclear power generation	
Decommissioning			
 Dosimetry Emergency Planning 	 Military NORM/Radon 	 Research Transport 	
	□ Nuclear New Build	Waste management	
Other uses or further information:			

Standard terms and conditions

UKHSA standard terms and conditions apply and can be found at: www.ukhsa-protectionservices.org.uk/rpt/resources

□ Please tick to confirm that you have read and agree to our standard terms and conditions

Name (BLOCK CAPITALS)	
In the capacity of	
Signature	Date///

Payment

Book and secure your place at: www.ukhsa-protectionservices.org.uk, it's quick, secure and straightforward. We can also take credit card payments over the phone – please contact us and we will be pleased to help.

□ BACS transfer – please telephone the Leeds office for details and assistance to pay by credit transfer

□ Please tick if you require a receipt

How did you hear about the training course?

Attended previous course	Other:
UKHSA staff recommendation	
Other recommendation	
Internet search engine	

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