APPLICATION FOR ACCREDITATION OF TECHNICAL SERVICE PROVIDERS

FOR OFFICIAL USE ONLY			
Institution:			
RAIS NO.	Application receipt date	Application evaluation date	Authorisation Number

INSTRUCTIONS

Please complete ALL SECTIONS providing as much detail as possible.

For electronic submissions, if the space provided on this form for any response is insufficient, please submit your responses on a separate Word or PDF document.

SUBMISSION OF APPLICATION

The completed application form, proof of payment and all accompanying documentation to be submitted electronically to:

E-mail: licensing@rpaz.co.zw or lgorondondo@rpaz.co.zw or ctichareva@rpaz.co.zw or cmangani@rpaz.co.zw

Physical Address: Radiation Protection Authority of Zimbabwe;160 Baines Avenue,Harare,Zimbabwe

Telephone: (0242) 335627/ (0242) 304982

TYPE OF LICENSE

☐ Accreditation in Medical Technical Service Provision
☐ Accreditation in Industrial Technical Service Provision
☐ Other (Specify) _____

NB: *The following mandatory information shall be submitted Bi-Annually to the Authority by all facilities:*

i. *Accreditation returns (A complete list of all radiation generating equipment and sources supplied, calibrated, repaired, or maintained. The following information shall be presented: (Find attached template section 9)*
   - *Name of facility where radiation equipment or radiation source(s) was supplied, maintained, calibrated, or repaired.*
   - *Model number of the machine.*
   - *Serial number of the device.*

ii. *All new facilities to indicate N/A on the accreditation returns form, if applicable.*

NOTE: The Authority may require additional information to fully consider this application prior to issuing a license.

1.	Type of Licence	☐ New	☐ Renewal	☐ Amendment
2.	Name of Institution			
3.	Address of Institution			
4.	Telephone No	Cell No.	E-mail	
5.	**Name and Title of the Head of Institution**			
	Full Name	Cell No.	E-mail	

6.	**Accreditation Details** Please tick the category you wish to be accredited in. Please refer to SI 20 of 2022 for the relevant fees applicable	
CATEGORY	MEDICAL	INDUSTRIAL
Training	☐	☐
Supply	☐	☐
Installation	☐	☐
Maintenance	☐	☐
Repair	☐	☐
Calibration	☐	☐
Radiation protection consultancy	☐	☐

7.	**Qualifications And Experience Details** *Please complete this section if you are applying for Supply and Installation, or maintenance, repair, and calibration of radiation equipment and devices.* *Please attach copies of company registration certificates, educational and professionalqualifications where necessary, including any relevant registration, accreditation, or training courses to support your application.* ***All copies must be certified.***

Name	Date Of Birth (DD/MM/YYYY)	National I.D Number	Qualification And Occupation	Gender

APPLICATION FOR PERSONAL MONITORING DEVICES (DOSIMETER BADGES)

8.	**Details Of Workers Requiring Personal Monitoring** *Please complete this section if you are applying for Supply and Installation, or maintenance, repair, and calibration of radiation equipment and devices.* *Please note that personal monitoring (dosimeters) is required for all operators and personnel involved in the aforementioned. Requisite individual monitoring fees shall apply.*				
	N.B: For dosimetry inquiries, contact the following: *omatinhe@rpaz.co.zw , pmudzingwa@rpaz.co.zw , nsibanda@rpaz.co.zw , cchikwava@rpaz.co.zw*				
a.	Name of institution	Physical address of the institution			
b.	Name of Radiation Safety (RSO)	Telephone Number(s) of RSO	Email address of RSO		
c.	**Name**	**Date of Birth (DD/MM/YYYY)**	**I.D Number**	**Occupation**	**Gender**
1.					
2.					
3.					
4.					
5.					
6.					

DECLARATION (To be signed by the Head of the Institution or the legal person)

I hereby declare that the information provided on this form and in support of this application is complete and true and that I have read and understood the *Radiation Protection Act [Chapter 15:15]*. I understand that all statements and representations made in this application and on supplementary documentation are binding to the applicant. I also understand that the Authority may require additional information to consider this application prior to issuing a license.

Name:_____

Signature:_____ Date:_____

[END OF APPLICATION]

9.	**Accreditation Returns** • *Accreditation Returns shall be submitted Bi-Annually to the Authority by all facilities:* • *Accreditation returns includes the list of all radiation generating equipment and sources supplied, calibrated, repaired, or maintained*					
	Name of institution		Physical address of the institution			
	Equipment/ Source	Manufacturer	Model Number	Serial Number	Service rendered	Name, address and contact of facility
a.						
b.						
c.						
d.						
e.						
f.						