



Radiation Protection Services

Course title **Fee**

Date **Venue** **Reference (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 requirements eg, hearing or visual assistance, restricted mobility of special diet:

.....

Radiation Safety Training for the Workplace courses – please tick areas of interest:

- | | | |
|---|---|--|
| <input type="checkbox"/> Analytical equipment (laboratory) | <input type="checkbox"/> Emergency responder | <input type="checkbox"/> Industrial radiography - X-rays |
| <input type="checkbox"/> Analytical equipment
- portable/hand-held | <input type="checkbox"/> Gauges - radioactive sources | <input type="checkbox"/> NORM/LSA scale |
| <input type="checkbox"/> Dental practice | <input type="checkbox"/> Gauges - X-ray | <input type="checkbox"/> Security or other X-ray inspection |
| <input type="checkbox"/> Dental supply | <input type="checkbox"/> Industrial radiography Gamma | <input type="checkbox"/> Unsealed radioisotopes - laboratory |

Other uses or further information:

Non-Ionising Radiation Safety training courses – please tick areas of interest:

- | | | |
|---|---|--|
| <input type="checkbox"/> Artificial optical radiation | <input type="checkbox"/> Laser - medical/dental | <input type="checkbox"/> Laser/Optical - research |
| <input type="checkbox"/> EMF heating/welding | <input type="checkbox"/> Laser/Intense Pulsed Light
- beauty/aesthetic | <input type="checkbox"/> Power distribution |
| <input type="checkbox"/> EMF industry | <input type="checkbox"/> Laser/Optical - industry | <input type="checkbox"/> RF/microwave communications |
| <input type="checkbox"/> EMF research | | <input type="checkbox"/> Workplaces and rooftops |

Other uses or further information:

Radiation Protection Training Scheme training courses – please tick areas of interest:

- | | | |
|---|--|---|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Instrumentation | <input type="checkbox"/> Nuclear power generation |
| <input type="checkbox"/> Decommissioning | <input type="checkbox"/> Medical | <input type="checkbox"/> Reprocessing |
| <input type="checkbox"/> Dosimetry | <input type="checkbox"/> Military | <input type="checkbox"/> Research |
| <input type="checkbox"/> Emergency Planning | <input type="checkbox"/> NORM/Radon | <input type="checkbox"/> Transport |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Nuclear New Build | <input type="checkbox"/> Waste management |

Other uses or further information:

Standard terms and conditions

PHE standard terms and conditions apply and can be found at: www.phe-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.phe-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.

- Cheque** – made payable to Public Health England for £..... at £..... per person is enclosed
please write the course reference number (if stated) on the back of the cheque
- 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
 - PHE staff recommendation
 - Other recommendation
 - Internet search engine
- Other:
-
-

Public Health England
The Training Centre
Chilton, Didcot OX11 0RQ
Phone: +44 (0) 1235 825304
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For more information please visit:
www.phe.protectionservices.org.uk