



e-form

RPB - Employer's Notification to Appoint a Qualified Expert



In compliance with Nuclear Safety and Radiation Protection Regulations 2003, LN 44 of 2003

Employer
Name and Surname

Contact Details

Address of Practice (where Ionising Radiation Activities occur)

Telephone

Mobile

Email

Employer's Practice for which the Qualified Expert is being nominated

Diagnostic Radiology

Radiotherapy

Nuclear Medicine

Dentistry

Veterinary Radiography

Non-Destructive Testing

Fixed Gauges and Fixed Screening Devices

Mobile Gauges and Mobile Screening Devices

Research with Un-Sealed Sources

Research with X-Ray Equipment and Sealed Sources

Other Application

Proposed Qualified Expert

Name of Proposed Qualified Expert

RPB Approval Certificate Number

Signature of Acceptance of proposed
Qualified Expert

Declaration of the Employer's Legal Person

I certify that the information provided in this form is correct.

Name and Surname

ID Card

Telephone

Mobile

Email

Signature

Date

The Radiation Protection Board will process your data in accordance with the principles of the Data Protection Act. We will not release any information held about you to third parties except where necessary for the fulfilment of this application. We may process your address, telephone or email details to contact you in connection with this application. Completion and submission of this application form signifies your consent to the processing of this data. Please contact us if you would like us to inform you about the personal data we hold about you or if you require such data to be corrected.

Send completed form to Radiation Protection Board (email: rpb.ohsa@gov.mt)