**JOB APPLICATION FORM**

**FOR AUTHORISATION TO USE RADIOISOTOPES**

Personal Information

Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position towards the University of Insubria

Date Employed/Starting Relationship/University Enrolment \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Currently at Institute/Department/Centre \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University employee full-time defined time

Indicate qualification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student PhD student post graduated student Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Self-employed Dependent on Third Parties \_\_\_\_\_\_\_\_\_\_\_\_\_ *(Specify company name)*

PAST TASKS INVOLVING EXPOSURE TO IONISING RADIATION

Date from \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_ to \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_ (1)

from \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_ to \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_ (2)

from \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_ to \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_ (3)

|  |  |  |  |
| --- | --- | --- | --- |
| Institute | Radioisotopes used | Dosimetry | Note |
|  |  | Whole body Ring | (1) |
|  |  | Whole body Ring | (2) |

BRIEF DESCRIPTION OF THE WORK PROJECT INVOLVING THE USE OF RADIOACTIVE SOURC

*Techniques Used*

Nucleic acid sequencing Marking of cell cultures

Hybridization In vivo marking of microbial cultures

Protein isolation Radioiodination of proteins

Metabolic studies Radioimmunoassays

Protein marking Others (describe briefly)

##### *Radioisotopes used*

|  |  |  |  |
| --- | --- | --- | --- |
| Radioisotope | Chemical Form | KBq per experiment | KBq per year |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

The interested party declares that all the information provided in the completed form is true and correct. I authorise the Security Office of the Università degli Studi dell'Insubria to obtain information regarding exposure to ionising radiation due to previous activities involving the use of radioisotopes.

The undersigned also declares that he/she has been informed of the specific risks and precautions to be taken in the activity involving the use of ionising radiation and undertakes to comply with the internal protection and safety regulations, the required procedures and what is indicated by the regulations in force regarding protection from ionising radiation.

Signed by the Worker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Approved by the Laboratory Manager \_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature of the Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Attention!**

* The document must be signed by the Worker, the Laboratory Manager and the Department/Facility Director.
* The documentation, filled out in its entirety and complete with the necessary attachments, must be sent to the Safety Office, exclusively via 'interoperability'.
* If you have any doubts about filling in, please contact the following numbers: 031 2389346 or 0332 219317 – 9050 - 9051

**PART RESERVED FOR THE RADIATION PROTECTION EXPERT**

On the basis of what is declared in this form, we classify ourselves in accordance with Legislative Decree 101/2020

Mr/Mrs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as

* *unexposed worker*
* *exposed category B worker*
* *exposed category A worker*

###### Observations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Internal Irradiation NO YES External Irradiation NO YES

Global

Partial

Place …………….. Date………………..

The Radiation Protection Expert (stamp and signature)