



**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 <input type="checkbox"/> Ring <input type="checkbox"/>	(1)
		Whole body <input type="checkbox"/> Ring <input type="checkbox"/>	(2)

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



*Techniques Used*

Nucleic acid sequencing	<input type="checkbox"/>	Marking of cell cultures	<input type="checkbox"/>
Hybridization	<input type="checkbox"/>	In vivo marking of microbial cultures	<input type="checkbox"/>
Protein isolation	<input type="checkbox"/>	Radioiodination of proteins	<input type="checkbox"/>
Metabolic studies	<input type="checkbox"/>	Radioimmunoassays	<input type="checkbox"/>
Protein marking	<input type="checkbox"/>	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)