



AUSTRALASIAN RADIATION PROTECTION SOCIETY INC.

The Australasian Society of the International Radiation Protection Association

ARPS Secretariat
PO Box 18
Mooroolbark, Victoria 3138, Australia
Telephone: +61 3 9727 2858
Email: secretariat@arps.org.au

APPLICATION FOR MEMBERSHIP

INSTRUCTIONS FOR COMPLETING THIS FORM

Fellowship Applicants:

DO NOT USE this form.

Use separate application form available from the [ARPS web site](#)

Member and Associate Applicants:

Complete all sections. Note the membership qualifications on the next page and the attached Code of Ethics. An applicant's sponsors must hold current membership in at least the grade applied for.

Affiliate Applicants:

Complete all sections except section 9.

Corporate Applicants:

DO NOT USE this form.

Use separate application form available from the [ARPS web site](#)

Send the completed Application Form, any attachments and payment details to the ARPS Secretariat at:

Email (preferred): secretariat@arps.org.au

or

Post: ARPS Secretariat
Australasian Radiation Protection Society
PO Box 18
Mooroolbark Vic 3138, Australia

Membership Qualifications

(extract from section 6 of the Constitution)

FELLOWS:

Every applicant for election or transfer to the grade of Fellow shall:

- (a) have graduated from a minimum three year, full-time equivalent, degree or diploma course which is so recognised by the Australian Council on Tertiary Awards, or in exceptional circumstances, present such evidence of equivalent study and/or experience as shall satisfy the Committee, **and**
- (b) have completed a minimum one year full-time equivalent course in radiation protection at post-graduate level, or present such other evidence of study and expertise in radiation protection as shall satisfy the Committee, **and**
- (c) have been regularly and substantially engaged in one or more appropriate aspects of radiation protection for at least five years at a level of competence and responsibility which shall satisfy the Committee, **and**
- (d) be so engaged at the time of such application, **and**
- (e) have made a significant contribution to the field of radiation protection and / or the Society.

MEMBERS:

Every applicant for election or transfer to the grade of Member shall:

- (a) have graduated from a minimum three year, full-time equivalent, degree or diploma course which is so recognised by the Australian Council on Tertiary Awards, or in exceptional circumstances present such evidence of equivalent study and/or experience as shall satisfy the Committee, **and**
- (b) have been regularly and substantially engaged in one or more appropriate aspects of radiation protection for at least one year at a level of competence and responsibility which shall satisfy the Committee, **and**
- (c) be so engaged at the time of such application.

ASSOCIATES:

Every applicant for election or transfer to the grade of Associate shall:

- (a) be ineligible for Membership, **and**
- (b) at the time of such application, be regularly engaged in one or more appropriate aspects of radiation protection at a level of competence which shall satisfy the Committee.

AFFILIATES:

Every candidate for election to the grade of Affiliate shall be ineligible for Associateship or higher grade of membership and shall have interests in the field of radiation protection or related sciences.

CORPORATE MEMBERS:

Every organisation seeking election to the grade of Corporate Member shall satisfy the Committee that it wishes to promote the objective and some or all of the activities of ARPS. A Corporate Member shall be entitled to nominate, from time to time, a person who need not be a member to take part in the activities of ARPS as its representative.

NOTE: Subject to clauses 17(n) and 17(o) of the Constitution, all members shall be entitled to participate in all activities of ARPS, except that Associates, Affiliates and Corporate Members shall not be eligible to hold Office.



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APPLICATION FOR MEMBERSHIP

This form is intended for electronic submission. However, it may be printed and hand-written. In this case, if space is insufficient, add extra pages.

1. APPLICANT DETAILS

On the far right, please select your preferred contact details (mailing address, email and telephone number). If left unchecked personal details will be used.

Title:	<input type="text"/>	Surname:	<input type="text"/>			
Given names:	<input type="text"/>					
Address:	<input type="text"/>			<input type="checkbox"/>		
<input type="text"/>						
State:	<input type="text"/>	Postcode:	<input type="text"/>	Phone number:	<input type="text"/>	<input type="checkbox"/>
Email:	<input type="text"/>				<input type="checkbox"/>	

EMPLOYMENT DETAILS

Present Position:	<input type="text"/>					
Employer:	<input type="text"/>					
Address:	<input type="text"/>				<input type="checkbox"/>	
<input type="text"/>						
State:	<input type="text"/>	Postcode:	<input type="text"/>	Phone number:	<input type="text"/>	<input type="checkbox"/>
Email:	<input type="text"/>				<input type="checkbox"/>	

2. DECLARATION BY APPLICANT

I certify that the information given in this document is correct and hereby apply for election as: (select one)

MEMBER

ASSOCIATE

AFFILIATE

If elected, I agree to abide by the Constitution of the Society as long as I remain a member. If elected to the grade of Member or Associate, I agree to abide by the Code of Ethics of the Society. My first membership fee payment is enclosed with this application.

I wish to have my contact details published in the Membership Directory.

I do not wish to have my contact details published in the Membership Directory.

If not selected, details will be published.

Signed:

Date:

3. INTERESTS

This information is useful as, among other things, it provides an aid to organising activities for members. Please check your areas of interest or expertise

<input type="checkbox"/>	01 Accelerators	<input type="checkbox"/>	02 Biological Monitoring / Bioassay	<input type="checkbox"/>	03 Dosimetry
<input type="checkbox"/>	04 Education / Public Information	<input type="checkbox"/>	05 Environmental Monitoring	<input type="checkbox"/>	06 Industrial Radiography
<input type="checkbox"/>	07 Instrumentation	<input type="checkbox"/>	08 Laser Safety	<input type="checkbox"/>	09 Low-freq. & static EM fields
<input type="checkbox"/>	10 Medical Radiology	<input type="checkbox"/>	11 Mining/Milling of Radioactive Ores	<input type="checkbox"/>	12 Nuclear Medicine
<input type="checkbox"/>	13 Personal Monitoring	<input type="checkbox"/>	14 Radiation Biology	<input type="checkbox"/>	15 Radiation Surveys
<input type="checkbox"/>	16 Radiochemistry	<input type="checkbox"/>	17 Radioisotope Laboratories	<input type="checkbox"/>	18 Radiotherapy
<input type="checkbox"/>	19 Reactor Safety	<input type="checkbox"/>	20 Regulation / Standards	<input type="checkbox"/>	21 RF/Microwaves
<input type="checkbox"/>	22 Risk Assessment	<input type="checkbox"/>	23 Transport of Radioactive Materials	<input type="checkbox"/>	24 UV Safety
<input type="checkbox"/>	25 Waste Management	<input type="checkbox"/>	26 Operational Health Physics		
<input type="checkbox"/>	27 Other (please specify)				

4. MEMBERSHIP OF OTHER SCIENTIFIC OR TECHNICAL SOCIETIES

List Society name, your membership grade and any approved abbreviation

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5. ACADEMIC QUALIFICATIONS

Please provide certified copies of all tertiary qualifications (or academic transcripts). Include evidence of name changes, if applicable (e.g. marriage certificate).

Institution (name and location)	Qualification Awarded	Major Subject	Year of Award

6. PRIOR EXPERIENCE IN RADIATION PROTECTION

Give details and dates

Sponsors' Initials

(Sponsors: Please type or initial those items of which you have personal knowledge)

7. EXTENT AND LEVEL OF CURRENT RADIATION PROTECTION DUTIES

Date of commencing current radiation protection duties: Indicate (as a percentage) time spent on each duty.
(Please refer to membership qualifications for criteria)

Sponsors' Initials

(Sponsors: Please type or initial those items of which you have personal knowledge)

8. DECLARATION BY SPONSORS

Each applicant shall be supported by two members (not Affiliates) of grade at least equal to that requested. Sponsors are requested to satisfy themselves that the candidate meets the requirements of the grade of membership requested. If you do not have a sponsor(s) please contact the Secretariat for assistance.

Sponsors: Please refer also to Sections 6 and 7.

Sponsor's Name:

Sponsor's Name:

Grade:

Grade:

Signed:

Signed:

9. MEMBER PAYMENT

Please provide your credit card details below for payment of your ARPS membership fees. **Please refer below for the current ARPS Membership Fees.** Payment will be processed upon approval of your application by the ARPS Executive. A receipt will be emailed via the bank to confirm your credit card payment. You will receive an email confirming that your membership has been approved, and a certificate of membership will be posted.

CREDIT CARD

Please circle card type: VISA MASTERCARD

Please debit my credit card with AUD\$ _____

Card Number: _____

Expiry Date: _____ CVN: _____

Cardholder Name: _____

Cardholder Signature: _____

Cardholder Contact Tel: _____

PLEASE NOTE: A \$1.50 credit card fee will apply.

EFT

Payment by EFT preferred, please email invoice to: _____

MEMBERSHIP FEES FOR 2021:

Fees, payable annually, are:

Members - \$150

Associates - \$120

Affiliates - \$110

Students who are enrolled in a full-time tertiary education course - \$57.50. Note: Students will be at the membership grade of Affiliate.

Retired annual fee rates are:

Members - \$47.50

Associates - \$45

Affiliates - \$42.50

Applications received at the Secretariat between January-June – applicants should pay full year fee and will receive any back copies of the combined Journal & Newsletter for the year.

Applications received July–October – should pay half the full year fee.

Applications received November–December – should pay full year fee which will include final 2 months of current year plus the coming year.

CODE OF ETHICS

In this Code of Ethics any reference to a “member” shall be interpreted to include Fellows, Members and Associates.

Objectives

The principles in this Code of Ethics are intended to ensure that members of the Australasian Radiation Protection Society Inc. (ARPS), individually and collectively, maintain a professional standard of conduct. They are rules by which members may determine the propriety of their conduct in relations with employers, co-workers, clients, members of other professions, government agencies and members of the public.

Professional Conduct

Members of the Australasian Radiation Protection Society Inc. (ARPS) shall:

1. Support the aims and objectives of ARPS.
2. Conduct all aspects of their work in a conscientious and professional manner which enhances the standing of the radiation protection profession and ARPS.
3. Ensure that the radiation safety and health of the community takes precedence over interests of employers and colleagues and of sectional and private interests.
4. Avoid circumstances where professional judgement may be compromised or a conflict of interest may arise.
5. Ensure that all relations with employers, co-workers, clients, members of other professions, government agencies and sectional and private interests are based on, and reflect, the highest standards of integrity, professionalism and fairness.
6. Ensure that no employment or consultation is undertaken which is contrary to the welfare of the community or to the law.
7. Perform work only in their area of competence and not undertake any assignment beyond their capabilities.
8. Continue to improve their professional development throughout their careers, where possible assist in the professional development of other ARPS members and share their expertise with other members of the profession.
9. Protect the confidentiality of information obtained during the course of their professional duties, provided that such protection is not itself unethical or illegal.
10. Ensure that any professional reports, statements or publications they produce have a sound scientific basis, are accurate and appropriately attributed.
11. Take advantage of opportunities to increase public understanding of radiation protection and of the aims and objectives of ARPS.
12. Wherever practicable, correct misleading, sensational and unwarranted statements concerning radiation and radiation protection made by others.
13. Not make any public statement, purporting to be the policy or position of ARPS, when such is not the case.
14. Without prejudice, take appropriate actions in the case of unethical conduct of their peers, including reporting such conduct to the appropriate authorities, if warranted.
15. Comply with all legislative requirements, government regulations and national and international codes of practice relating to radiation protection.

Breach of the Code of Ethics

1. It is a condition of membership of ARPS that all members shall comply with this Code of Ethics.
2. Any member who breaches the provisions of this Code of Ethics may be required to forfeit membership of ARPS.
3. Where a member of ARPS is alleged to have breached this Code of Ethics the member shall have an opportunity to explain his/her position to the National Executive Committee of ARPS.