

Application Form for dosimetry control at ChNPP

Please complete and return back the form at least three (3) days prior to your visit.

A. Candidate

Family name:	
Name:	
Middle name:	
Male: <input type="checkbox"/>	Position:
Female: <input type="checkbox"/> *	
<i>* Pregnancy and breast-feeding is contraindicated for ChNPP site visit</i>	
Date of birth*: <u>day/month/year</u>	
<i>* Persons under 18 are not allowed to ChNPP site</i>	
Passport number:	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Citizenship:	

B. Candidate's Employer

Organization:	
Division (if any):	
Address:	
Postal code:	Phone No.:
Contact person:	

Is the candidate classified as a staff group working under radiation conditions? YES: <input type="checkbox"/> Complete Section D NO: <input type="checkbox"/> Complete Section C

C. Not classified as a staff group working under radiation conditions – Please mark the corresponding tick box

<input type="checkbox"/> Candidate received a dose less than 1 mSv for current calendar year and until today <input type="checkbox"/> Dose received by the candidate for current calendar year and until today exceeds 1 mSv and constitutes _____ mSv

D. Classified as a staff group working under radiation conditions

Date of last medical examination:
Dose received for current year (since 01.01.2014): _____ mSv
Dose received for last 12 months: _____ mSv
Dose received for last 5 years: _____ mSv
Will you wear a dosimeter given to you by your Employer via dosimetry control service? YES <input type="checkbox"/> NO <input type="checkbox"/>

Please indicate your clothing size _____, shoe size _____

Do you need an official certificate on the dose received during your stay? YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>* certificate will be sent to the address indicated above</i>

I verified and do confirm that all information provided in this form is correct.
SIGNATURE..... (Candidate) DATE.....

The data provided by me are correct. I am aware that the information containing in this form may be stored electronically and processed by the company only for dosimetry control purpose.