

The Head of Section must approve this form before new position holders can gain higher-level access in UQSafe as required for their role.

### Process

- 1. Applicant completes this form and submits to the Head of Section for approval.
- 2. The Head of Section signs the form after sighting the appropriate skills, online training, and other requirements if applicable, or if satisfied with the qualifications of the applicant.
- 3. Applicant sends the approved form and evidence of relevant qualifications and training completion to the Health Safety and Wellness (HSW) Division at <u>hsw@uq.edu.au</u>.

## **Step 1: Applicant to Complete**

Applicant Name	UQ User ID
Position Title	
Email	Phone
Faculty, Institute, Division or Centre	Provide full name and acronym
Organisational Unit	
Head of Section	

### What is your new role?

Select all that apply	Start Date	End Date
Radiation Safety Officer (RSO)		
Laser Safety Officer (LSO) (Applicable for therapeutic lasers)		
Non-therapeutic Laser Safety Officer (NT-LSO) (Applicable for non- therapeutic lasers)		

### Are you replacing someone? If yes, who are you replacing?

Forme	Former position holder/s		
RSO			
LSO			
NT-LSO			

# In UQSafe you will have access to private information, you must complete the first two modules listed below.

Module	Completion Date
Staff Standards of Conduct	
Privacy at UQ	
Laser Safety (Non-therapeutic) (Required for NT-LSO only)	
RSO / LSO Certificate issued by QRH (Required for RSO / LSO)	



### **Step 2: Head of Section Approval**

I confirm that the above staff member has been nominated for the safety roles indicated and I am satisfied with the qualifications and completed training of the applicant. I confirm that the application can gain higher-level access in UQSafe as required for their role.

HoS full name	Signature
Date	

## Step 3: Applicant to email form to HSW Division

Email: <u>hsw@uq.edu.au</u>

(Please cc your HSW Manager)

Contact for more information (07) 3365 2365 Level 6, Building 69, St Lucia Campus Health, Safety and Wellness Division

## Step 4: HSW Division actions

Applicant's certification recorded in UQSafe-Certifications	Date / Signature
Yes No	
HSW Advisor name:	

# Approval reference