**School of Healthcare Sciences: Radiography**

**Research project: Experiment based in x ray room**

***To be attached to radiation register for all relevant student projects***

Project title

Summary of experimental method

Supervisor

**Radiation Register**

**Radiography X Ray room**

**Archimedes Centre, Wrexham**

|  |
| --- |
| **Personal Information** |
| **Title** | Choose one | **Surname** |  | **First name** |  |
| **Gender** | **M F**  | **DoB** |  |  | **Student** |
| **E mail** |  | **Tel.** |  |
| **Start Date** |  | **Initial Registration** [ ]  **or** | **Reregistration ☐** |
|  |  |  |  |  |  |
| **Equipment Information** |
| **Radiation Generator** |  |
| **Hazard Category** |  |
| **Previous Experience** | ***Staff only*** |
|  |  |  |  |  |  |
| **Training** |
| **Basic Radiation Protection Training** |
| **Who By** | **Bangor University** | **When** |  | **Where** | **Archimedes Centre** |
| **X Ray Safety Training** |
| **Who By** | **Bangor University** | **When** |  | **Where** | **Archimedes Centre** |
| **Local Training** |
| **Who By** | **Bangor University** | **When** |  | **Where** | **Archimedes Centre** |
|  |  |  |  |  |  |
| **Additional Information** |
|  |
| **User Declaration** |
| **I agree to abide by the rules and conduct of work involving ionizing radiations, as laid down in the Code of Practice, Departmental Local Rules, and IRR99. I have had access to each, and have read and understood them.***Check box to confirm:* [ ]  |
|  |  |  |  |  |  |
| **Radiation Protection Supervisor** |  |
| *For student projects only:* |
| **RPS Approval Given** |
| **Signature** |  | **Date** |  |