

**Application Form for the Radiation Protection Department  
-Dosimetry WCRC-**

**Family name:** \_\_\_\_\_

**Maiden name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Sex:**       male       female

**Date of birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Nationality (all):** \_\_\_\_\_

**SSR-Number:** XXXXXXXXXX

**Department: :** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_  
(Radiation Protection Officer or Boss)

**Phone Number:** \_\_\_\_\_  
(Radiation Protection Officer or Boss)

**I will work in the following radiation controlled area of HZB  
from: \_\_\_\_\_ until: \_\_\_\_\_**

**I have already worked in radiation controlled areas: from \_\_\_\_\_ until \_\_\_\_\_  
at (address): \_\_\_\_\_**

**I have never worked in radiation controlled areas.**

	Date	Name/Signature	Phone at HZB
<b>Employee:</b>	_____	_____	_____
<b>Group-Leader/ Contact Person:</b>	_____	_____	_____

