

SCHEDULE 1

*Regulation 20(2)(a)*

ATOMIC ENERGY COUNCIL,  
P.O. Box 7044,  
Kampala.



THE REPUBLIC OF UGANDA

ATOMIC ENERGY  
FORM 5 (AEF 5)

THE ATOMIC ENERGY ACT NO.24 of 2008

FORM 5

APPLICATION FOR AUTHORISATION TO ADMINISTER IONISING  
RADIATION TO PERSONS OR PATIENTS

1. Name and Address of Applicant:
  - (b) Name: \_\_\_\_\_
  - (c) Address: \_\_\_\_\_
  - (d) Phone/Fax: \_\_\_\_\_
  - (e) E-mail: \_\_\_\_\_
  
2. Highest qualification and specialization attained: (attach certified copy of certificates and brief CV)  
\_\_\_\_\_
  
3. Membership to Professional Bodies to which reference can be sought if needed:  
\_\_\_\_\_
  
4. Previous AEC Registration No. (if not new application):  
\_\_\_\_\_
  
5. Give practice under which the administering of ionizing radiation is to be carried out:-  
\_\_\_\_\_
  
6. Personal details:-
  - (a) Age: \_\_\_\_\_
  - (b) Gender: \_\_\_\_\_
  - (c) Length of service and experience: \_\_\_\_\_

(d) Current employer and address (if different from that above)

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(e) Institutions you work for as part time:-

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7.

### DECLARATION

I, \_\_\_\_\_ (*name*) Certify that all the information given herein is true and correct to the best of my knowledge.

*Date:* \_\_\_\_\_ *Signature of Legal person:* \_\_\_\_\_

FOR OFFICIAL USE ONLY			
Registration No:			
	By	Date	Signature
Received:			
Evaluated:			
General Remarks and/or Comments:			