**Inquiry of education and training records related to radiation work**

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| (1) | Do you have experience as a radiation worker in Japan? | □Yes　　　□No |

If you answered “No” in (1), the following question has been closed.

If you answered “Yes” in (1), please tell us about your experience as a radiation worker below.

|  |  |  |
| --- | --- | --- |
| (2) | Have you ever been registered as a Radiation Worker with KEK Tsukuba Affiliation? | □Yes　　　□No |
| (3) | Are you registered as a Radiation Worker for the current or previous year? | □Yes　　　□No |
| (4) | How long have you been registered as a Radiation Worker? | Years |
| (5) | Name of the organization where you have a history of Radiation Worker registration.  (Answer wherever possible) |  |

I certified above.

Date (YYYY/MM/DD): / / .

Name:

Affiliation of KEK:

Position:

No need to fill out below

|  |  |  |
| --- | --- | --- |
| 放射線管理室  記入欄 | 受付日 | 区　分 |
|  | □A □B □C |

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