

APPLICATION FOR AUTHORISATION AS A
VACCINATOR

Full Name:

Address:

Phone (Home): (Work):..... Postcode:.....

Email:

- I have read and comply with the Immunisation Standards as in the Immunisation Handbook 2017 Appendix 3, Page 615
- I have read, understood and comply with the requirements to be an AV as per the Immunisation Handbook 2017, Appendix 4, Page 629

Theoretical Vaccinator training: (location, date).

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Practical experience: i.e. location; length of time; type of vaccinations given; vaccination log or estimate of number of vaccination episodes per month.

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Type of workplace/s (EG: General Practice, Public Health Nurse, Occupational Health Nurse)

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.....

Current Workplace:

Signature:..... Date:.....

Check each box when you have enclosed copies of the following documents:

- Current Annual Practising Certificate
(You must disclose in writing any limitations or restrictions imposed on your practice)
- Current CPR certificate NZRC: 'Health Professional Responder, CORE Immediate – Adult & Child'
(Pg 637, section A4.2 Immunisation Handbook 2017)
- Clinical Assessment
- Evidence of completion of initial vaccinator training certificate
(If more than two years ago, also include evidence of all updates completed).

Return form to: Public Health Service, PO Box 647, NELSON 7040
Fax: 03-546 1542 or via email to gayle.lawrie@nmdhb.govt.nz