

**RENEWAL 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, understand and comply with the requirements to be an AIV as per the Immunisation Handbook 2017, Appendix 4, Page 629.

Date and place of most recent update: .....

Date of Expiration of Current AV Authorisation.....

Current Practical experience: i.e. location; length of time; type of vaccinations given; 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 Place of employment

.....

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)*
- Evidence of current authorisation, copy of certificate or letter.
- Recent Vaccinator Update Certificate
- Current CPR certificate  
*NZRC 'Health Professional Responder, CORE Immediate – Adult & Child' (pg 637, section A4.2 Imms Handbook 2017)*

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