April 2019

APPLICATION FOR INITIAL APPROVAL AS AN AUTHORISED VACCINATOR

CONTACT DETAILS – ALL FIELDS IN THIS SECTION ARE REQUIRED			
Name		Registration #	
Workplace Name Workplace Address			
Workplace Phone		Home Phone / Mobile	
Home Address			
Email Address			

Occupation Group:	☐ Practice Nurse Public ☐ Health Nurse Maori ☐ Health Nurse ☐ Pacific Health Nurse	☐ Occupational Health Nurse ☐ Other, specify: ……

REQUIRED DOCUMENTATION

I enclose the following documentation:

- ☐ Copy of Certificate of Completion of Vaccinator Training course (and any updates completed since then, if applicable)
- ☐ Copy of current CPR Certificate
- ☐ Copy of Clinical Assessment completed by Immunisation Coordinator
- ☐ Copy of current New Zealand Annual Practicing Certificate (both sides)
- ☐ Evidence of Indemnity Insurance (recommended)

DECLARATION

I wish to apply to the Medical Officer of Health for approval as an Authorised Vaccinator.

All of the above is true and correct information.

APPLICANT SIGNATURE:	DATE:

TO BE COMPLETED BY IMMUNISATION COORDINATOR

Clinical Assessment completed by:		Contact Phone Number:
Applicant clinically competent to vaccinate (as per assessment of clinical practice for vaccinators):	☐ Yes ☐ No	☐ Full (i.e. includes vastus lateralis) ☐ Deltoid only
SIGNED:		DATE:

Please scan in all documents and email to: vaccinator@cdhb.health.nz	Dr Ramon Pink Medical Officer of Health Community and Public Health PO Box 1475 CHRISTCHURCH 8140

PLEASE ALLOW UP TO 4 WEEKS FOR YOUR APPLICATION TO BE PROCESSED