

Authorised Vaccinator - Greater Wellington Region

Please send completed application to: Vaccinator Authorisation, Regional Public Health, Private Bag 31 907, Lower Hutt 5040
Or Email to: rph@huttvalleydhb.org.nz Attention: Vaccinator Authorisation

Applicant Details	
Name: _____ (as you want it to appear on your certificate)	
Address: _____	
Contact Phone: _____	Email: _____
Professional Registration No: _____	APC Expiry Date: ____/____/20____
Organisation: _____	Position Held: _____
Work Phone: _____	PHO: _____

Application for		
<input type="checkbox"/> Initial Authorisation	<input type="checkbox"/> Re-Authorisation	<input type="checkbox"/> Authorised Vaccinator transferring into the region

Authorisation to cover	
<input type="checkbox"/> National Schedule Vaccinations	<input type="checkbox"/> Influenza vaccination only
Local Immunisation Programme/s that you will be working under:	
<i>Note: Travel vaccines are not included in Local Immunisation Programmes</i>	

Summary of Immunisation Practice (please do not send copies of individual vaccines given)	
I work in the following settings: <input type="checkbox"/> Primary Care <input type="checkbox"/> Occupational Health <input type="checkbox"/> Schools <input type="checkbox"/> Other (specify): _____	
I have administered vaccines to children (0 – 5 years) in the last two years.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have administered vaccines to adults and children (5 years and over) in the last two years.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have given the following vaccinations: <input type="checkbox"/> Intramuscular <input type="checkbox"/> Subcutaneous <input type="checkbox"/> Intradermal <input type="checkbox"/> Other (specify): _____	
Other Responsibilities (approximate number of vaccinations given in last 12 months, designated coldchain person, etc.):	

NB. If you have not administered childhood vaccines to children under 5 years, your authorisation will be for adults and children over 5 years only.

Declaration	
I have a current CPR qualification which meets the requirements for Authorised Vaccinators. See section A4.2, page 539, Immunisation Handbook 2020.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am competent and meet the Immunisation Standards for Vaccinators as per Appendix 3, pages 523-232, Immunisation Handbook 2020.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am aware that it is recommended that as a Vaccinator I carry indemnity insurance for personal/professional protection.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I declare that all of the information I have provided is true and accurate at the time of application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature: _____	Date: _____

Application Checklist	
All applications to include copies of:	
<input type="checkbox"/>	Evidence of current APC
<input type="checkbox"/>	Current CPR qualification (<i>ensure this meets the required standard for Authorised Vaccinators</i>)
If you are applying for Initial Authorisation, please include:	
<input type="checkbox"/>	Certificate of Attendance at a Vaccinator Training Course
<input type="checkbox"/>	Clinical Competency Assessment <i>completed by DHB Immunisation Coordinator</i>
If you are applying for Re-Authorisation, please include:	
<input type="checkbox"/>	Certificate of specific IMAC education update for trained vaccinators <i>minimum 4 hours</i>
<input type="checkbox"/>	Summary of your immunisation practice over preceding 12 months <i>see page 1</i>
<input type="checkbox"/>	Peer Review Assessment by authorised vaccinator <i>optional unless lapsed for >6 months</i>
If you are applying as a Vaccinator transferring to this region, please include:	
<input type="checkbox"/>	Current Authorisation in another area

NB. Vaccinator Authorisation approval will be sent out via email.

Until you have received confirmation of your authorisation any vaccinations you administer must be given under standing orders or prescription.

Accreditation Recommendation [Approved Assessor to complete] [Initial Authorisation Only]	
Accreditation recommendation for: _____ (name) by Approved Assessor for Initial Authority.	
<input type="checkbox"/> Infant, Child and Adult Vaccinator <input type="checkbox"/> Adult Only Vaccinator <input type="checkbox"/> Other (specify): _____	
Assessor Name:	
Role & Organisation:	
Signature:	Date:

Office Use Only	
APC Checked By:	
Signature:	Date: