

BCG Endorsement - Greater Wellington Region

Please send completed application to: BCG Endorsement, Regional Public Health, Private Bag 31 907, Lower Hutt 5040

Or Email to: rph@huttvalleydhb.org.nz Attention: Vaccinator Authorisation

Applicant Details	
Name: <i>(as you want it to appear on your letter)</i>	
Address:	
Contact Phone:	Email:
Professional Registration No:	APC Expiry Date:
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

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 Vaccinator Authorisation
If you are applying for Initial Authorisation, please include:	
<input type="checkbox"/>	Nomination letter from employer
<input type="checkbox"/>	Certificate of completion of Ministry of Health-approved online BCG vaccination course
<input type="checkbox"/>	Proof of 5 BCG vaccinations given under clinical supervision
<input type="checkbox"/>	Clinical Competency Assessment <i>completed by Approved BCG Assessor</i>
If you are applying for Re-Authorisation, please include:	
<input type="checkbox"/>	Certificate of online vaccination course that includes an update on BCG
If you are applying as a Vaccinator transferring to this region, please include:	
<input type="checkbox"/>	Current BCG Endorsement in another area
<input type="checkbox"/>	Details of your proposed work in the area.

NB. BCG Endorsement approval letters will be sent out via email.

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

Accreditation Recommendation *Approved Assessor to compete*
[Initial Authorisation Only]

Accreditation recommendation for: *(name)* _____ to become a BCG Endorsed Vaccinator.

Assessor Name:

Role & Organisation:

Signature:

Date:

Office Use Only

APC Checked By:

Signature:

Date: