Health New Zealand

Te Whatu Ora

Application for Initial Approval as an Authorised Vaccinator

Name:									
Home address:									
Home telephone:					Personal E-mail:				
Workplace name and address:									
Work telephone:					Work e-mail:				
Ethnicity: (Please tick as		Māori		Asian	□ Other Specify:				
many boxes as apply)		Pasifika		NZ Euro					
Occupation Group:		General Practice		Māori	or Pacific Health	h Service		Secondary Care	
Group.		Public Health Nurse Practitioner		Occupa	ational Health		П	Area of Specialty: Other, Specify:	
		Transc i ractitioner						other, specify.	
To be completed by the applicant - required documentation									
I enclose the following required documentation:									
□ Copy of Certificate of Completion of Vaccinator Training Course (and any updates undertaken since then if applicable)									
□ Copy of Assessment of Clinical Practice for Vaccinators									
□ Copy of current New Zealand Annual Practising Certificate from NZ Nursing Council website									
☐ Copy of current CPR Certificate — Resuscitation requirements as per Immunisation Handbook (latest version online)									
Declaration									
I wish to apply to the Medical Officer of Health for approval as an authorised vaccinator as per Appendix 4 of the current Immunisation Handbook.									
I declare that the above is true and correct information									
Applicant signature: Date:									
Type of authorisation applied for									
☐ Full (i.e. adults, children & infants) Or Authorisation valid					tion valid for 2 years from the date of application.				
□ Deltoid only (for which the vaccinator has appropriate competencies)								аррисацоп.	

Please allow up to 4 weeks for processing of your application

Forward application to:

Public Health Nelson Marlborough PO Box 647 Nelson 7040

Please email to:

NM-NPHS-VaccinatorApplications@tewhatuora.govt.nz