

## Application for Renewal of Approval as an Authorised Vaccinator

|   |                  |
|---|------------------|
| Name:   |                  |
| Home address:   |                  |
| Home telephone:   | Personal E-mail: |
| Workplace name and address:   |                  |
| Work telephone:   | Work e-mail:     |
| Ethnicity: <input type="checkbox"/> Māori <input type="checkbox"/> Asian <input type="checkbox"/> Other Specify: _____<br>(Please tick as many boxes as apply) <input type="checkbox"/> Pasifika <input type="checkbox"/> NZ European   |                  |
| Occupation <input type="checkbox"/> General Practice <input type="checkbox"/> Māori or Pacific Health Service <input type="checkbox"/> Secondary Care<br>Group: <input type="checkbox"/> Public Health Area of Specialty: _____<br><input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Occupational Health <input type="checkbox"/> Other Specify: _____ |                  |

| To be completed by the applicant - required documentation  |  |
|--|--|
| I enclose the following required documentation:<br><input type="checkbox"/> Copy of current Authorisation Certificate or Authorisation Letter<br><input type="checkbox"/> Copy of Certificate of Attendance at a Vaccinator Update<br><input type="checkbox"/> Copy of current New Zealand Annual Practising Certificate from NZ Nursing Council website<br><input type="checkbox"/> 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.<br>I am able to provide a summary of my immunisation practice in the past 2 years if requested<br>I declare that the above is true and correct information   |  |
| Applicant signature:   | Date:  |
| Type of authorisation applied for  |  |
| <input type="checkbox"/> Full (i.e. adults, children & infants)<br>Or<br><input type="checkbox"/> Deltoid only (for which the vaccinator has appropriate competencies)   | Authorisation valid for 2 years from the date of expiration of previous authorisation. |

**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@tewhatauora.govt.nz**