

APPLICATION FOR INITIAL APPROVAL AS AN AUTHORISED VACCINATOR

Applicants Name		Registration #			
Employer					
Work Address					
Work Email		Workplace Phone			
Home Address		Phone			
Personal Email		Ethnicity			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> Occupation Role <input type="checkbox"/> Practice Nurse <input type="checkbox"/> Public Health Nurse <input type="checkbox"/> Maori / Pacific Health Nurse <input type="checkbox"/> Other </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Occupational Health Nurse <input type="checkbox"/> Nurse Educator <input type="checkbox"/> Hospital RN <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Enrolled Nurse* </td> <td style="width: 33%; vertical-align: top;"> Employer Category <input type="checkbox"/> Primary Care <input type="checkbox"/> Te Whatu Ora <input type="checkbox"/> Occ Health <input type="checkbox"/> Defence <input type="checkbox"/> Corrections <input type="checkbox"/> Private Hospital <input type="checkbox"/> Aged Care <input type="checkbox"/> Other </td> </tr> </table>			Occupation Role <input type="checkbox"/> Practice Nurse <input type="checkbox"/> Public Health Nurse <input type="checkbox"/> Maori / Pacific Health Nurse <input type="checkbox"/> Other	<input type="checkbox"/> Occupational Health Nurse <input type="checkbox"/> Nurse Educator <input type="checkbox"/> Hospital RN <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Enrolled Nurse*	Employer Category <input type="checkbox"/> Primary Care <input type="checkbox"/> Te Whatu Ora <input type="checkbox"/> Occ Health <input type="checkbox"/> Defence <input type="checkbox"/> Corrections <input type="checkbox"/> Private Hospital <input type="checkbox"/> Aged Care <input type="checkbox"/> Other
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REQUIRED DOCUMENTATION					
I enclose the following documentation: <input type="checkbox"/> Copy of Certificate of IMAC Vaccinator Training , 20 hours (VTC) Date of Initial Vaccinator Training * <input type="checkbox"/> Copy of current CPR Certificate (CPR) <input type="checkbox"/> Evidence of NZNC Annual Practicing Certificate , showing expiry date (APC) <input type="checkbox"/> Evidence of Indemnity Insurance , (recommended) <input type="checkbox"/> Clinical Assessment for Initial Application Or, I am transferring from another district within NZ to Canterbury, South Canterbury, or West Coast, and my <input type="checkbox"/> Letter of Authorization is enclosed (Clinical Assessment not required)		Vaccinator Status requested <input type="checkbox"/> Full (includes vastus lateralis), I will be vaccinating Adults and Children <input type="checkbox"/> Deltoid-only I will be vaccinating Adults only (see clinical assessment for your status)			
CLINICAL ASSESSMENT					
Clinical Assessment completed by		Registration No			
Immunisation Coordinator Sign / Date		Phone No			
RENEWAL OF AUTHORISATION					
<p>* Please note: your authorisation will be due for renewal 2 years from the date of initial IMAC training.</p> <p>Following expiry of authorisation, if your authorisation has expired by >1 month a clinical assessment by an Immunisation Coordinator will be required for re-authorisation.</p> <p>Te Mana Ora will endeavour to send you a reminder that your authorisation is coming up for renewal. Please do not rely solely on this reminder, but also make a diary note for yourself.</p>					
DECLARATION					
I wish to apply to the Medical Officer of Health for initial approval as an Authorised Vaccinator. The above is true and correct. <input type="checkbox"/>					
<p>* Enrolled Nurse: I am aware of my scope of practice as an Enrolled Nurse and I am aware that my work as an authorised vaccinator must fit within that. <input type="checkbox"/> Yes <input type="checkbox"/> NA (I am a Registered Nurse)</p>					
Vaccinator Applicant sign		Date of Declaration			
Please scan all documents and email to CW-NPHS-vaccinator@tewhatuora.govt.nz					
Dr Ramon Pink Medical Officer of Health, Te Mana Ora (Community and Public Health) PO Box 1475, CHRISTCHURCH		ALLOW UP TO 4 WEEKS FOR YOUR APPLICATION TO BE PROCESSED			