



Application for Authorisation as an Independent Vaccinator

- Please read the guide before completing this form.
- Provide details as required, or check existing details and make changes in the boxes provided.

Please tick which of the following you are applying for

- Initial authorisation (not authorised previously)
- Renewal of authorisation (if currently authorised)
- Transfer or extension of existing authorisation to the Auckland region

Section 1: Name

Given names

Family name

Section 2: Contact details

The details you provide in this section will be the primary means by which we will contact you regarding your authorisation. Your contact details may be either for your workplace or home residence.

Street address

Suburb

City/town

Postcode

Postbox

Location

Postcode

Phone (home)

Phone (work)

Mobile

Fax

Email

Primary employer

Organisation name (if different to the above)

Other employer

Organisation name (if different to the above)

Section 3: Immunisation programmes

Approval from the Medical Officer of Health must be obtained if you intend to provide any vaccination services that are not nationally-approved programmes (as listed in chapter 1.3 of the Immunisation Handbook 2006 and subsequent amendments – primarily the National Immunisation Schedule), in terms of vaccines provided ages of clients, or both

Tick the option that applies to you

- | | | |
|--------------------------|---|------------------------|
| <input type="checkbox"/> | I will be providing vaccinations only as part of nationally-approved programmes | If so, go to Section 4 |
| <input type="checkbox"/> | I intend providing vaccination services that are not nationally-approved programmes | If so, continue below |

- If you will be providing vaccination services as art of immunisation programmes that have already been approved by the Auckland Medical Officer of Health, provide the details below.
- To make an application for a programme that has not been previously approved, either nationally or by the Auckland Medical Officer of Health, obtain an application form from www.arphs.govt.nz/Vaccinator

Programme	Show any changes here Programme name and hosting organisation (if applicable)
	Name of programme manager
	Vaccines provided
Programme	Show any changes here Programme name and hosting organisation (if applicable)
	Name of programme manager
	Vaccines provided
Programme	Show any changes here Programme name and hosting organisation (if applicable)
	Name of programme manager
	Vaccines provided

Section 4: Workforce survey

The purpose of this survey is to obtain statistical information on the structure and trends in the independent vaccinator workforce in the Auckland region. We will not release any information that can identify individuals.

Vaccination settings

Please tick boxes that best describe the settings in which you provide vaccination services

- | | |
|--|---|
| <input type="checkbox"/> General practice clinic | <input type="checkbox"/> Community setting (e.g. marae, church) |
| <input type="checkbox"/> Schools | <input type="checkbox"/> Hospital inpatient or outpatient facility |
| <input type="checkbox"/> Defence bases | <input type="checkbox"/> Workplaces (other than those already listed) |
| <input type="checkbox"/> Other (specify) | <input type="text"/> |

District Health Boards (DHBs)

Please tick boxes to show the DHB areas in which you provide vaccination services (whether or not you are employed by these DHBs)

- | | |
|--|---|
| <input type="checkbox"/> Waitemata DHB | <input type="checkbox"/> Lakes DHB |
| <input type="checkbox"/> Auckland DHB | <input type="checkbox"/> Counties Manukau DHB |
| <input type="checkbox"/> Northland DHB | <input type="checkbox"/> Waikato DHB |
| <input type="checkbox"/> Other DHB (specify) | <input type="text"/> |

Ethnicity

Tick up to three boxes to show which ethnic group or groups you belong to

- | | | | |
|--|----------------------------------|---------------------------------|--|
| <input type="checkbox"/> NZ European | <input type="checkbox"/> Chinese | <input type="checkbox"/> Maori | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Tongan | <input type="checkbox"/> Niuean | <input type="checkbox"/> Cook Island Maori |
| <input type="checkbox"/> Other (specify) | <input type="text"/> | | |

Section 5: Declaration by applicant

- I certify that the information I have given is, to the best of my knowledge, true and correct.
- I understand that the Medical Officer of Health recommends I hold indemnity cover for my vaccinating practice, however that this is not a requirement for authorisation.
- I understand that I must have appropriate competencies for my practice. Authorisation as an independent vaccinator does not override this requirement.

Signature of applicant

Date

- Please tick this box if you do NOT consent to your name and authorisation details being made available to your employer (including your Primary Health Organisation, if applicable) for the purposes of workforce planning and planning your ongoing training.

I do NOT consent

- Please tick this box if you do NOT consent to your name and authorisation details being made available to the local District Immunisation Facilitator so that you can receive information relevant to immunisation practice>

I do NOT consent

Comments regarding your application

Section 6: Checklist

Please use the checklist below to make sure you have completed all sections of the application form and enclosed all the documents required. Incomplete applications will not be processed and will be returned to you.

	Authorisation application for:		
	initial	renewal	transfer
• Application form with all sections completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Photocopy of your Annual Practising Certificate (include reverse side if card-sized)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Photocopy of the certificate from your vaccinator training course	<input type="checkbox"/>		
• Photocopy of the certificate from your most recent education update for trained vaccinators		<input type="checkbox"/>	<input type="checkbox"/>
• Completed clinical skills self-assessment form verified by a peer		<input type="checkbox"/>	
• Photocopy of authorisation certificate issued outside Auckland			<input type="checkbox"/>
• Completed application form(s) for local immunisation programme approval by the Medical Officer of Health, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Photocopy of vaccinator training course clinical assessment form	<input type="checkbox"/>		<input type="checkbox"/>
• Photocopy of assessment of clinical practice for vaccinator (if more than 2 years)		<input type="checkbox"/>	

Return completed application form and supporting documentation to:

Postal address: Vaccinator Authorisation
 Auckland Regional Public Health Service
 Private Bag 92 605, Symonds Street, Auckland 1150

Fax Number: 09 623 4673

Help is available. If, after reading the instructions on this form and in the guide, you are still in doubt about how to complete this form or what is required, please telephone **09 623 4600**. State that your enquiry concerns vaccinator authorisation. Alternatively, email your enquiry to vaccinator@adhb.govt.nz

- For independent vaccinators applying for renewal of authorisation by the Medical Officer of Health
- Applicant: Self-assess clinical skills for vaccination using the checklist, comment if appropriate, then sign and date
- Peer reviewer: Review the self-assessment, provide comments as appropriate, then sign and date the form. You can only provide peer review if you are currently authorised as an independent vaccinator

Applicants self assessment

Standard 1

You are equipped to deal with:

The vaccinator is competent in the immunisation technique and has the appropriate knowledge and skills for the task (selected required characteristics)

- anaphylaxis
- other reactions related to immunisation
- resuscitation
- spillages (blood or vaccine)
- safe disposal of equipment

Standard 2

In your vaccination practice, you consistently:

The vaccinator obtains informed consent to immunise

- obtain consent
- communicate immunisation information effectively and in a culturally appropriate way
- support communication with suitable health education material
- allow time to answer questions and obtain feedback
- keep a written record that consent has been obtained

Standard 3

In your vaccination practice, you consistently:

The vaccinator provides safe immunisation

- ensure continuity of the cold chain
- advise that vaccinees remain under observation for a minimum of 20 minutes after immunisation
- inform the vaccinee/caregiver about care after immunisations
- ascertain date of last immunisation
- enquire about reactions following previous vaccinations
- check for true contraindications
- determine current health of the vaccinee
- use aseptic techniques in preparing and administering all vaccines
- visually check the vaccine
- reconstitute vaccines with diluent provided (as appropriate)
- change needle between preparing and administering vaccine
- use correct needle size and length
- position vaccinee appropriately
- administer vaccine in appropriate site
- insert needle at correct angle, give vaccine slowly

Standard 4

The vaccinator documents information on the vaccine(s) administered and maintains patient confidentiality

- dispose of needles and syringes in sharps container
 - encourage comfort measures before, during and after vaccination
- In your vaccination practice, you consistently:**
- document relevant information, including recall date (if appropriate) in clinical records and vaccinee-held records
 - ensure the immunisation certificate is accurately completed, if applicable
 - obtain the vaccinee's/caregiver's consent to inform the usual provider, if you are not the usual provider
 - ensure all personal documentation is appropriately treated and stored
 - give immunisations according to the National Immunisation Schedule recommendations for age

Standard 5

The vaccinator administers all vaccine doses

- In your vaccination practice, you consistently:**
- Plan catch-up immunisation with a minimum number of visits, if required
 - Defer or avoid vaccinating only if contraindicated or on vaccinee/caregiver request

Applicant's declaration and comments

I confirm that this self-assessment represents a true and accurate record of my vaccination practice

Applicants Name

Date

Signature of applicant

Comments

Peer reviewer's declaration and comments

This declaration is to be completed by an authorised independent vaccinator who has observed the applicant providing vaccinations within the past two years.

Name of peer reviewer

Phone

Name of Practice or organisation

Reviewer's position in organisation

Declaration

To my knowledge, the applicant's self-assessment is an accurate record. In my judgement the applicant demonstrates the clinical skills appropriate to a competent vaccinator.

Signature of reviewer

Date

Comments