



Application for vaccinator authorisation

- Complete this form to become an authorised vaccinator in the Auckland region.
- Complete all sections of the form.
- Allow up to four weeks for your application to be processed.
- Refer to the “Guide to becoming an authorised vaccinator in the Auckland region” for more information.

NAME AND CONTACT DETAILS

Given name(s)

Family name

Street address/PO Box

Suburb

City/town

Postcode

Phone (mobile)

Phone (home)

Email

EMPLOYMENT DETAILS

Organisation

Phone (work)

Please tick ONE box that best applies to you:

Registered nurse or nurse practitioner

Registered midwife

Paramedic

Other

If other, please specify:

INTENDED VACCINATION PRACTICE

Please tick ONE OR MORE boxes that apply to you:

I intend to vaccinate babies and infants

I intend to vaccinate pre-schoolers and/or school aged children

I intend to vaccinate adults

VACCINATOR AUTHORISATION STATUS

Please tick **ONE** box that best applies to you:

- I have never had vaccinator authorisation and I am applying for the first time (go to **Checklist 1** below)
- I have current vaccinator authorisation for the Auckland region that has not yet expired (go to **Checklist 2** below)
- I had past vaccinator authorisation for the Auckland region that has now expired (go to **Checklist 3** below)
- I have current or had past vaccinator authorisation for another region in New Zealand (go to **Checklist 4** below)

REQUIRED DOCUMENTS**Checklist 1**

For applicants who have never had vaccinator authorisation and are applying for the first time, please enclose the following:

- Copy of APC
- Copy of CPR certificate (completed within last 2 years)
- Copy of vaccinator training course certificate
- Copy of clinical assessment

Checklist 3

For applicants who had past vaccinator authorisation for the Auckland region that has expired, please enclose the following:

- Copy of APC
- Copy of CPR certificate (completed within last 2 years)
- Copies of vaccinator training course certificates and/or vaccinator update certificates (completed since last authorisation)
- ARPHS peer reviewed assessment form (if authorisation expired less than 6 months ago)
- OR**
- Copy of repeat clinical assessment (if authorisation expired more than 6 months ago)

Checklist 2

For applicants who have current vaccinator authorisation for the Auckland region that has not expired, please enclose the following:

- Copy of APC
- Copy of CPR certificate (completed within last 2 years)
- Copy of last vaccinator update certificate
- ARPHS peer reviewed assessment form

Checklist 4

For applicants who have current or had past vaccinator authorisation for another region in NZ, please enclose the following:

- Copy of APC
- Copy of CPR certificate (completed within last 2 years)
- Copy of last vaccinator authorisation certificate for other region
- Copies of all vaccinator training course certificates and vaccinator update certificates (completed at any time)
- Copy of last clinical assessment

DECLARATION

- I understand that authorised vaccinators can independently administer vaccines but cannot prescribe vaccines.
- I understand that authorised vaccinators can only independently administer vaccines that are part of the National Immunisation Schedule or an officially approved local immunisation programme.
- I can competently administer vaccines according to the “Immunisation standards for vaccinators” in the Ministry of Health *Immunisation Handbook*.
- I understand that vaccinator authorisation does not override my responsibility to work within my scope of practice as required by the Health Practitioner Competence Assurance Act 2003.
- I understand that vaccinator authorisation is not transferable (i.e. a health professional without authorisation cannot independently administer vaccines on behalf of an authorised vaccinator).
- I have a current CPR certificate that meets the “Resuscitation requirements for vaccinators” in the Ministry of Health *Immunisation Handbook*.
- I declare that all the information that I have provided is true and correct at the time of application.

Signature of applicant

Date

SEND YOUR APPLICATION FORM AND REQUIRED DOCUMENTS TO ARPHS

Email: vaccinator@adhb.govt.nz
(PDF documents only)

Post: Vaccinator Authorisation
Auckland Regional Public Health
Service Private Bag 92 605
Symonds Street
Auckland 1150

NOTE

Authorised vaccinators may occasionally receive relevant communications from health sector organisations, such as DHBs, IMAC or ARPHS.

IF YOU HAVE ANY QUESTIONS

If you need more information, refer to the “Guide to becoming an authorised vaccinator in the Auckland region”. If you still have questions, contact us.

Email vaccinator@adhb.govt.nz or phone **(09) 623 4600 ext. 27091**