



## VACCINATOR AUTHORISATION IN THE AUCKLAND REGION

# Application to add vaccines to existing local immunisation programme

- Complete this form to add new vaccines to a local immunisation programme that has previously been approved in the Auckland region.
- Allow up to four weeks for your application to be processed.
- Refer to the Ministry of Health *Immunisation Handbook* for more information.

### SECTION 1

Please complete entire section

Programme reference number

Name(s) of programme manager(s)

Organisation name

Street address

Postal address

Phone

Email

### SECTION 2

Please write all responses on a separate sheet of paper

- 1 List the names of the vaccines to be added to this programme.**  
(List each vaccine by generic name rather than brand. Note any combination vaccines.)
- 2 Describe what pre-vaccination information is provided to individuals, either verbally or in writing, (including consent and vaccine information)?**  
(Attach copies of all forms and written information)
- 3 Describe what information will be provided to the vaccinee post-vaccination (including provision of emergency care)?**  
(Attach copies of all forms and written information)

**SECTION 3**

Please read the declaration and sign

- I understand that as programme manager I am responsible for ensuring that the procedures and resources referenced in this application are in place when vaccinations are delivered.
- I understand that as programme manager I must promptly inform Auckland Regional Public Health Service before any changes are made to the programme referenced in this application.
- I understand that this programme must comply with the requirements stated in the Ministry of Health *Immunisation Handbook*, including current cold chain accreditation (refer to “Immunisation standards for vaccinators and guidelines for organisations offering immunisation services” and “Authorised vaccinators delivering a local immunisation programme”).
- I declare that all the information that I have provided is true and correct at the time of application.

Signature(s) of programme manager(s)

Date

**SEND YOUR APPLICATION FORM AND REQUIRED DOCUMENTS TO ARPHS****Email:** [vaccinator@adhb.govt.nz](mailto:vaccinator@adhb.govt.nz)**Post:** Vaccinator Authorisation  
Auckland Regional Public Health Service  
Private Bag 92 605  
Symonds Street  
Auckland 1150**IF YOU HAVE ANY QUESTIONS**

If you need more information, refer to the Ministry of Health *Immunisation Handbook*. If you still need more information, contact us.

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