



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 What pre-vaccination information is provided to individuals for these vaccines (including consent and vaccine information)?**
(Attach copies of all forms and written information)
- 3 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

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 or phone **(09) 623 4600 ext. 27091**