* This form is for authorised vaccinators who would like to renew their authorisation in the Auckland region.
* This form must be sent with a completed “Application for vaccinator authorisation” form.
* Section A must be completed by you (the applicant) first.
* Section B must be completed by a peer reviewer who is currently an authorised vaccinator and has observed you providing vaccinations within the last 2 years.

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| SECTION A: FOR APPLICANTPlease complete entire section |
| Name of applicant | Click or tap here to enter text. |
| Standard 1The vaccinator is competent in the immunisation technique and has the appropriate knowledge and skills for the task (selected required characteristics) | You are equipped to deal with:[ ]  anaphylaxis[ ]  other reactions related to immunisation[ ]  resuscitation[ ]  spillages (blood or vaccine)[ ]  safe disposal of equipment |
| Standard 2The vaccinator obtains informed consent to immunise | In your vaccination practice, you consistently:[ ]  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 |

| SECTION A: FOR APPLICANTContinued |
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| Standard 3The vaccinator provides safe immunisation | In your vaccination practice, you consistently:[ ]  ensure continuity of the cold chain[ ]  advise that vaccinees remain under observation for a minimum of 20 minutes after immunisation[ ]  inform the vaccine/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 gently[ ]  dispose of needles and syringes in sharps container[ ]  encourage comfort measures before, during and after vaccination |
| Standard 4The vaccinator documents information on the vaccine(s) administered and maintains patient confidentiality | 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 5The 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 |
| CommentsIf you have any additional comments about your vaccination practice, please write below.Click or tap here to enter text. |
| DeclarationI confirm that this self-assessment represents a true and accurate record of my vaccination practice. |
| Signature of applicant*(To insert a digital signature, click the image in the centre below.)* | DateClick or tap here to enter text. |

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| SECTION B: For peer reviewerPlease complete entire section |
| Name of peer reviewer | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Organisation | Click or tap here to enter text. |
| I am currently an authorised vaccinator AND have observed the applicant providing vaccinations within the last 2 years:[ ]  Yes[ ]  No (you cannot act as peer reviewer for this applicant) |
| CommentsIf you have any comments about the applicant’s vaccination practice, please write below.Click or tap here to enter text. |
| DeclarationTo my knowledge, the applicant’s self-assessment is an accurate record of her/his vaccination practice. In my judgement the applicant demonstrates appropriate clinical skills to be a competent vaccinator. |
| Signature of peer reviewer*(To insert a digital signature, click the image in the centre below.)* | DateClick or tap here to enter text. |