* 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.

|  |  |
| --- | --- |
| SECTION A: FOR APPLICANT Please complete entire section | |
| Name of applicant | Click or tap here to enter text. |
| Standard 1  The 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 2  The 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 APPLICANT Continued | | |
| --- | --- | --- |
| Standard 3  The 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 4  The 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 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 | |
| Comments  If you have any additional comments about your vaccination practice, please write below.  Click or tap here to enter text. | | |
| Declaration  I 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.)* | | Date  Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| SECTION B: For peer reviewer Please 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) | | |
| Comments  If you have any comments about the applicant’s vaccination practice, please write below.  Click or tap here to enter text. | | |
| Declaration  To 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.)* | | Date  Click or tap here to enter text. |