* 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.

|  |
| --- |
| NAME AND CONTACT DETAILS |
| Given name(s) | Click or tap here to enter text. |
| Family name | Click or tap here to enter text. |
| Street address/PO Box | Click or tap here to enter text. |
| Suburb | Click or tap here to enter text. |
| City/town | Click or tap here to enter text. | Postcode | Click or tap here to enter text. |
| Phone (mobile) | Click or tap here to enter text. | Phone (home) | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

|  |
| --- |
| EMPLOYMENT DETAILS |
| Organisation | Click or tap here to enter text. |
| Phone (work) | Click or tap here to enter text. |
| Please tick ONE box that best applies to you:[ ]  Registered or enrolled nurse or nurse practitioner[ ]  Registered midwife[ ]  Registered pharmacist[ ]  Paramedic[ ]  OtherIf other, please specify: Click or tap here to enter text. |

|  |
| --- |
| 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)[ ]  I have current vaccinator authorisation for the Auckland region that has not yet expired(go to Checklist 2)[ ]  I had past vaccinator authorisation for the Auckland region that has now expired (go to Checklist 3)[ ]  I have current or had past vaccinator authorisation for another region in New Zealand (go to Checklist 4) |
| REQUIRED DOCUMENTS |
| Checklist 1For applicants who have never had vaccinator authorisation and are applying for the first time, please enclose the following: | Checklist 2For 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 vaccinator foundation course certificate [ ]  Copy of clinical assessment | [ ]  Copy of APC[ ]  Copy of CPR certificate (completed within last 2 years)[ ]  Copy of vaccinator update course certificate (completed since last authorisation)[ ]  [ARPHS peer reviewed assessment form](https://www.arphs.health.nz/assets/Uploads/Resources/Health-professionals/Peer-reviewed-self-assessment-form-_-Sep-2022.docx) |
| Checklist 3For applicants who had past vaccinator authorisation for the Auckland region that has expired, please enclose the following: | Checklist 4For 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)[ ]  Copies of vaccinator foundation course certificates and/or vaccinator update course certificates (completed since last authorisation)[ ]  [ARPHS peer reviewed assessment form](https://www.arphs.health.nz/assets/Uploads/Resources/Health-professionals/Peer-reviewed-self-assessment-form-_-Sep-2022.docx) (if authorisation expired less than 6 months ago) OR[ ]  Copy of repeat clinical assessment (if authorisation expired more than 6 months ago) | [ ]  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 foundation course certificates and vaccinator update course 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*(To insert a digital signature, click the image in the centre below.)* | DateClick or tap here to enter text. |

|  |
| --- |
| SEND YOUR APPLICATION FORM AND REQUIRED DOCUMENTS TO ARPHS |
| Email: vaccinator@adhb.govt.nz *(PDF documents only)*Post: Vaccinator AuthorisationAuckland Regional Public Health ServicePrivate Bag 92 605Auckland 1149 |

|  |
| --- |
| NOTE |
| Authorised vaccinators may occasionally receive relevant communications from health sector organisations, such as Te Whatu Ora Health New Zealand, 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](https://www.arphs.health.nz/assets/Uploads/Resources/Health-professionals/Guide-to-becoming-an-authorised-vaccinator-FINAL.pdf)”. If you still have questions, contact us.Email vaccinator@adhb.govt.nz or phone (09) 623 4600 ext. 27091 |