

Application for Initial Approval as an Authorised Vaccinator

Name:							
Home address:							
Home telepho		Personal E-n	Personal E-mail:				
Workplace name and address:							
Work telephon		Work e-mai	Work e-mail:				
Ethnicity:		Māori		Asian			
(Please tick as many boxes as	П	Pasifika		NZ European	Other Specify:opean		
apply)	To a summer of the summer of t						
Occupation Group:		General Practice Public Health		Māori or Pacific Healt	h Service		Secondary Care Area of Specialty:
Group.		Nurse Practitioner		Occupational Health			Other, Specify:
To be completed by the applicant - required documentation							
I enclose the following required documentation:							
□ Copy of Certificate of Completion of Vaccinator Training Course (and any updates undertaken since then if applicable)							
□ Copy of Assessment of Clinical Practice for Vaccinators							
□ Copy of current CPR Certificate − Resuscitation requirements as per Section A4.4 Immunisation Handbook 2020							
Declaration							
I wish to apply to the Medical Officer of Health for approval as an authorised vaccinator as per Appendix 4 of the current Immunisation Handbook.							
I declare that the above is true and correct information							
Applicant signa			Date:				
Type of authorisation applied for							
□ Full (i.e. ad	ults,	children & babies)					
Or application.							
 Deltoid only (for which the vaccinator has appropriate competencies) 							

Please allow up to 4 weeks for processing of your application

Forward application to:

Public Health Nelson Marlborough PO Box 647 Nelson 7040

Please email to:

Vaccinator Applications@nmdhb.govt.nz