

Application for Renewal of Approval as an Authorised Vaccinator

Name:	
Home address:	
Home telephone:	Personal E-mail:
Workplace name and address:	
Work telephone:	Work e-mail:
Ethnicity: <input type="checkbox"/> Māori <input type="checkbox"/> Asian (Please tick as many boxes as apply) <input type="checkbox"/> Pasifika <input type="checkbox"/> NZ European <input type="checkbox"/> Other Specify: _____	
Occupation Group: <input type="checkbox"/> General Practice <input type="checkbox"/> Māori or Pacific Health Service <input type="checkbox"/> Secondary Care <input type="checkbox"/> Public Health Area of Specialty: _____ <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Occupational Health <input type="checkbox"/> Other Specify: _____	

To be completed by the applicant - required documentation	
I enclose the following required documentation: <ul style="list-style-type: none"> <input type="checkbox"/> Copy of current Authorisation Certificate or Authorisation Letter <input type="checkbox"/> Copy of Certificate of Attendance at a Vaccinator Update <input type="checkbox"/> Copy of current New Zealand Annual Practising Certificate from NZ Nursing Council website <input type="checkbox"/> 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 am able to provide a summary of my immunisation practice in the past 2 years if requested I declare that the above is true and correct information	
Applicant signature:	Date:
Type of authorisation applied for	
<input type="checkbox"/> Full (i.e. adults, children & babies) Or <input type="checkbox"/> Deltoid only (for which the vaccinator has appropriate competencies)	Authorisation valid for 2 years from the date of expiration of previous authorisation.

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:

VaccinatorApplications@nmdhb.govt.nz