* 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  Other  If 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 1  For applicants who have never had vaccinator authorisation and are applying for the first time, please enclose the following: | Checklist 2  For 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 3  For applicants who had past vaccinator authorisation for the Auckland region that has expired, please enclose the following: | Checklist 4  For 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.)* | Date  Click or tap here to enter text. |

|  |
| --- |
| SEND YOUR APPLICATION FORM AND REQUIRED DOCUMENTS TO ARPHS |
| Email: [vaccinator@adhb.govt.nz](mailto:vaccinator@adhb.govt.nz)  *(PDF documents only)*  Post: Vaccinator Authorisation  Auckland Regional Public Health Service  Private Bag 92 605  Auckland 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 |