



## APPLICATION FOR INITIAL AUTHORISATION AS A VACCINATOR

Application is being sought by:

<b>Name</b>	
<b>Employer</b>	
<b>Preferred Postal Address</b> <i>(including Postcode &amp; PO Box)</i>	
<b>Email Address</b> <i>(Personal)</i>	
<b>Phone Number</b> <i>(Personal)</i>	

**Please find enclosed photocopies of:**

- Annual Practicing Certificate (must include NCNZ number)
- Current CPR certificate (age appropriate and includes airway management)
- Proof of Indemnity Insurance, letter indicating insurance is current. (this can be requested by emailing or phoning NZNO on 0800 283 848 or nurses@nzno.org.nz)
- Vaccinator Training Course certificate
- Completed Clinical Independent Assessment

**We must receive ALL the above documentation to complete this application**

**Current Clinical Setting:**

- Public Health Nurse
- Primary Care
- Outreach Immunisation Services
- Occupational Health
- Influenza
- Off-site Programmes
- Pharmacy
- Other (brief description).....

Signed by Applicant	Date
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**Please send all documents to:**

Electronically to: [NotifiableDiseases@waikatodhb.health.nz](mailto:NotifiableDiseases@waikatodhb.health.nz) OR

Dr Felicity Dumble, Public Health, Private Bag 3200, HAMILTON 3204