

## APPLICATION FOR AUTHORISATION AS A VACCINATOR Where vaccinator is authorised within another DHB

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 Practising Certificate (must include NCNZ number)
- Evidence of Current Authorisation in another health district
- Details of your proposed work in this DHB area
- Certificate from initial 2 day Vaccinator Training Course
- 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)
- Completed Clinical Independent Assessment
- Summary of immunisation practice over preceding 12 months (refer to 'Immunisation Standards for Vaccinators' section of the Immunisation Handbook)

**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

By Post to: Public Health, Private Bag 3200, HAMILTON 3204