

APPLICATION FOR AUTHORISED VACCINATOR ASSESSOR

NB: Please complete this form digitally to ensure legibility,   
and insert a digital signature if you have one, or print and sign

**Application is being sought by:**

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| ***Name*** |  |
| ***Employer*** |  |
| ***Town/City (working in)*** |  |
| ***Sub region (working in)*** | Choose an item. |
| ***Email Address*** |  |
| ***Phone Number***  ***(mobile preferred)*** |  |
| ***Ethnicity*** | Please indicate which ethnic group(s) you identify with. |
| Choose an item. |  |

**Please attach: (we must receive ALL the documentation to complete this application)**

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| 1. Letter requesting assessor approval outlining your history as an authorised vaccinator (e.g number of years, type of work settings and vaccinations given) and current role including what settings you will be completing clinical assessments. |  |
| 1. A copy of your current Toi Te Ora Vaccinator Authorisation. |  |
| 1. Evidence of completing assessor training including contact details of the person who has provided supervision throughout the process. |  |

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| **Current Clinical setting (please select)** | Choose an item. |
| **Details if Other selected:** |  |

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| Signed by Applicant |  | Date Click or tap to enter a date. |

**Please email all documents to:** [enquiries@toiteora.govt.nz](mailto:enquiries@toiteora.govt.nz)

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| Toi Te Ora Office use only | |
| Date received | Checked by |
| Date Approved | Approved by |