

APPLICATION FOR INITIAL VACCINATOR AUTHORISATION

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. Proof of Current Annual Practicing Certificate (must include name, NCNZ registration number and expiry date)
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| 1. Proof of dated Indemnity Insurance Cover (this can be requested by ringing the NZNO on 0800 283848, or Nurses Society of NZ on 09 360 3990, or your insurance provider)
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| 1. Certificate of successful completion of IMAC Vaccinator Training Course (within the last 12 months) To find out about these courses please visit: [www.immune.org.nz](http://www.immune.org.nz)/health-professionals/education-training
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| 1. Current CPR Certificate – Core Immediate – CPR including management of choking, anaphylaxis and collapse management (see the Immunisation Handbook 2020 Section A4.2 for full details)
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| 1. Clinical assessment by an Immunisation Facilitator or approved assessor (within 12 months of attending a Vaccinator Training Course)
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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

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