

APPLICATION FOR REAUTHORISATION OF VACCINATOR   
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 above 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) |  |
| 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) |  |
| 1. Attendance certificate from your most recent Vaccinator Update Course (must be within the last 2 years) To find out about these courses please visit: [www.immune.org.nz](http://www.immune.org.nz)/health-professionals/education-training |  |
| 1. Current CPR Certificate – Core Immediate – airway and oxygen management, anaphylaxis and collapse management |  |
| 1. Evidence of Peer Review within the last 3 months |  |

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| **Current Clinical setting (please select)** | Choose an item. |
| **Details (if Other selected):** |  |
| **Summary of immunisation practice over previous 12 months**  eg. Types of vaccinations given (intramuscular, subcutaneous, intradermal), and other responsibilities related to immunisation (eg. Cold chain-designated person, etc) |  |

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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 |