

APPLICATION FOR REAUTHORISATION OF VACCINATOR   
where the previous authorisation expired more than 1 month ago but less than 5 years ago

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:**

|  |  |
| --- | --- |
| ***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. Copy of expired Vaccinator Authorisation Certificate |  |
| 1. Vaccinator Update Course certificate dated within the last two 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 – CPR including management of choking, anaphylaxis and collapse management (see the Immunisation Handbook 2020 Section A4.2 for full details) |  |
| 1. Clinical Assessment by an Immunisation Facilitator or approved assessor within the last 3 months (see Immunisation Handbook 2020, A4.1.6) |  |

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

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| **Summary of clinical practice over the last 12 months:** | **Signature of 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 |