



POPULATION HEALTH

APPLICATION FOR INITIAL AUTHORISATION AS A VACCINATOR

Application is being sought by:

Name	
Employer	
Postal Address <i>(including PO Box)</i>	
Email Address	
Phone Number	

Please find enclosed photocopies of:

- Annual Practising Certificate (must include NCNZ number)
- 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)
- Vaccinator Training Course certificate
- Completed Clinical Independent Assessment

We must receive ALL the above documentation to complete this application

Current Clinical Setting:

- School Based Programme
- 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:

Dr Felicity Dumble, Population Health, Private Bag 3200, HAMILTON 3204

For applicants from overseas, or other enquiries regarding authorisation please contact Population Health on 07 838 2569 or 0800 800 977 or alternatively the IMAC Education Facilitator (Midland) 0274 384 867 edmidland@imac.org.nz