



APPLICATION FOR RE-AUTHORISATION AS A VACCINATOR

Application is being sought by:

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

Please find enclosed photocopies of:

- Annual Practicing 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 Peer Review Form
- Summary of immunisation practice over preceding 12 months (refer to 'Immunisation Standards for Vaccinators' section of the Immunisation Handbook)

We must receive ALL the above documentation to complete this application

Current Clinical Setting:

- Public Health Nurse
- 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:

Electronically to: NotifiableDiseases@waikatodhb.health.nz OR

By Post to: Public Health, Private Bag 3200, HAMILTON 3204