



APPLICATION FOR INITIAL 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 Clinical Independent Assessment

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