* Complete this form to add new vaccines to a local immunisation programme that has previously been approved in the Auckland region.
* Allow up to four weeks for your application to be processed.
* Refer to the Ministry of Health *Immunisation Handbook* for more information.

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| SECTION 1  Please complete entire section | |
| Programme reference number | Click or tap here to enter text. |
| Name(s) of programme manager(s) | Click or tap here to enter text. |
| Organisation name | Click or tap here to enter text. |
| Street address | Click or tap here to enter text. |
| Postal address | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

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| SECTION 2  Please write all responses on a separate sheet of paper | |
| 1 | List the names of the vaccines to be added to this programme.  (List each vaccine by generic name rather than brand. Note any combination vaccines.) |
| 2 | Describe what pre-vaccination information is provided to individuals, either verbally or in writing, (including consent and vaccine information)?  (Attach copies of all forms and written information) |
| 3 | Describe what information will be provided to the vaccinee post-vaccination (including provision of emergency care)?  (Attach copies of all forms and written information) |

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| SECTION 3  Please read the declaration and sign | |
| * I understand that as programme manager I am responsible for ensuring that the procedures and resources referenced in this application are in place when vaccinations are delivered. * I understand that as programme manager I must promptly inform Auckland Regional Public Health Service before any changes are made to the programme referenced in this application. * I understand that this programme must comply with the requirements stated in the Ministry of Health *Immunisation Handbook*, including current cold chain accreditation (refer to “Immunisation standards for vaccinators and guidelines for organisations offering immunisation services” and “Authorised vaccinators delivering a local immunisation programme”). * I declare that all the information that I have provided is true and correct at the time of application. | |
| Signature(s) of programme manager(s)  *(To insert a digital signature, click the image in the centre below.)* | Date  Click or tap here to enter text. |

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| SEND YOUR APPLICATION FORM AND REQUIRED DOCUMENTS TO ARPHS |
| Email: [vaccinator@adhb.govt.nz](mailto:vaccinator@adhb.govt.nz)  Post: Vaccinator Authorisation  Auckland Regional Public Health Service  Private Bag 92 605  Auckland 1149 |

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| IF YOU HAVE ANY QUESTIONS |
| If you need more information, refer to the Ministry of Health *Immunisation Handbook*. If you still need more information, contact us.  Email vaccinator@adhb.govt.nz or phone (09) 623 4600 ext. 27091 |