

**APPLICATION FOR
INITIAL VACCINATOR AUTHORISATION**

To: Dr Jonathan Jarman
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NEW PLYMOUTH

Email: TDHBPUBLICHEALTH@tdhb.org.nz

Authorisation is being sought by:

Name:.....

Employer:.....

Your Postal address:.....

Phone (Pvt).....(work).....

Please find enclosed photocopies of:

- Course certificate from a vaccinator training course (VTC) attended within the preceding 24 months
- Evidence of clinical assessment by an experienced authorised vaccinator as part of the VTC.
- Current Annual Practising Certificate
- Resuscitation certification equivalent to that outlined in Appendix 4.2 of the 2020 Immunisation Handbook

All of the above are requirements to complete this application

Signed: _____
Applicant

Date: _____