

**APPLICATION FOR
INITIAL VACCINATOR AUTHORISATION**

To: Dr Jonathan Jarman
Medical Officer of Health
Public Health Unit
Taranaki Base Hospital
Private Bag 2016
NEW PLYMOUTH

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 12 months
- Evidence of clinical assessment by an experienced authorised vaccinator as part of the VTC.
- Current Annual Practising Certificate
- Resuscitation certification equivalent to that set for NZRC 'Health Professional Responder, CORE Immediate – Adult and Child' within the last 2 years.

All of the above are requirements to complete this application

Signed: _____
Applicant

Date: _____