

**APPLICATION FOR  
INITIAL VACCINATOR AUTHORISATION**

To: Dr Neil de Wet  
Medical Officer of Health  
Public Health Service  
Te Whatu Ora Taranaki  
Private Bag 2016  
NEW PLYMOUTH 4342

Email: [TDHBPUBLICHEALTH@tdhb.org.nz](mailto: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 4.4 of the 2020 Immunisation Handbook

All of the above are requirements to complete this application

Signed: \_\_\_\_\_  
Applicant

Date: \_\_\_\_\_