

## Temporary or Provisional Authorisation Application Form

PLEASE ensure this form is completed IN FULL & email with ALL attachments to [imacreg@auckland.ac.nz](mailto:imacreg@auckland.ac.nz) with 'Authorisation Application' in subject heading. NOTE: We cannot process incomplete forms.

<b>Name:</b>		
<b>Email address:</b>		
<b>Contact phone:</b>		
<b>Workplace:</b>		
<b>DHB:</b>		
<b>Professional Qualification (eg, RN, EN, Pharmacist):</b>		
<b>IMAC course completed</b> (tick one box):	Provisional Vaccinator Course (5hrs)	<input type="checkbox"/>
	Vaccinator Training Course (16hrs)	<input type="checkbox"/>
<b>PLEASE attach ALL documents</b> (tick attached)—ALL forms MUST be attached in a single email:		
Current or expired CPR (see Appendix 4 of Immunisation Handbook for requirements)	<input type="checkbox"/>	
Current APC Certificate (screen shot of register acceptable) or student ID & transcript of enrolment	<input type="checkbox"/>	
Copy of Peer Clinical Assessment	<input type="checkbox"/>	
Copy of Vaccinator Course Certificate	<input type="checkbox"/>	
<p>Those seeking <b>Provisional Authorisation</b> will be able to administer MMR &amp; influenza vaccines (funded &amp; unfunded), to those age 3 years &amp; older. Specific service contracts may limit this age range. For pharmacists, the age range remains 13 years &amp; older for influenza &amp; 16-50 years for MMR.</p> <p>On completion of the COVID-19 course, you will also be to administer COVID-19 vaccine/s, this does not require an updated letter, only siting of your COVID-19 course certificate.</p>		
<p>Those seeking <b>Temporary Authorisation</b> will be authorised to administer vaccines as per the National Immunisation Schedule &amp; unfunded influenza vaccine. Those who wish to vaccinate across the lifespan must complete a Peer Assessment that includes the vaccination of a child aged under 2 years, IM in the vastus lateralis. For pharmacists, Temporary Authorisation covers only the vaccines currently reclassified for Pharmacist Vaccinators. Temporary Authorisation is for a maximum of 2 years. All vaccinators are expected to seek a full clinical assessment from a locally approved assessor &amp; meet the requirements for authorised or pharmacist vaccinators before their Temporary Authorisation expires.</p>		
<p><b>All vaccinators:</b> If your CPR certificate is due to expire or has expired, please include evidence of being booked on an appropriate course. See Appendix 4 of the Immunisation Handbook for CPR requirements.</p>		
<p><b>Declaration</b>  <b>I acknowledge I am:</b></p> <ul style="list-style-type: none"> <li>• competent &amp; meet the Immunisation Standards for Vaccinators as per Appendix 3 of the Immunisation Handbook 2020</li> <li>• competent to carry out BLS &amp; the initial management of anaphylaxis</li> <li>• aware it is recommended that I carry indemnity insurance</li> <li>• aware of my scope of practice as a vaccinator.</li> </ul>		
<b>Signature:</b>	<b>Date:</b>	
<b>Office Use Only:</b>		
Authorisation issued (tick one):		
	Provisional Authorisation	<input type="checkbox"/>
	Temporary Authorisation – Infant, Child and Adult	<input type="checkbox"/>
	Temporary Authorisation – Child and Adult (Deltoid only)	<input type="checkbox"/>
	Temporary Authorisation – Reclassified Pharmacist Vaccinator vaccines (Deltoid only)	<input type="checkbox"/>