

Application for Local Immunisation Programme – 01/01/2025 - 31/12/2026
Non-Funded / Non-Schedule Vaccine Programmes

Authorized Vaccinator with overall responsibility for Programmes:	
Name:	
Name of Organisation:	
Address of Organisation:	
Phone numbers:	
Email (for correspondence and confirmation):	
Expiry Date of Current Cold Chain Accreditation (CCA) or Cold Chain Compliance (CCC):	/ /

Medical Officers of Health may approve additional vaccinations (funded or unfunded) for authorised vaccinators to administer either as part of the standard authorisation process or as part of a local immunisation programme.

Local Immunisation Programmes do not cover travel vaccines.

See: [Appendix 4: Authorisation and criteria of vaccinators – Health New Zealand | Te Whatu Ora](#)

I request Medical Officer of Health approval for the following Local Programme/s:

Vaccine(s) to be administered:	Rationale: including target population

If there is not enough space on the form, please provide rationale and supporting information separately. An application may be declined if the rationale and information is not sufficient.

Where will the programmes be delivered?

- | | | |
|---|--|--|
| <p>GP Clinic</p> <p><input type="checkbox"/></p> | <p>Occupational Health Clinic</p> <p><input type="checkbox"/></p> | <p>Off-site (see Offsite application for providers)</p> <p><input type="checkbox"/></p> |
|---|--|--|

Health New Zealand Te Whatu Ora

Every Authorised Vaccinator is expected to take responsibility for their own clinical practice in this programme and to ensure they keep their Authorisation up to date.

If the Lead Vaccinator applying for the Programme changes i.e. no longer works for the Organisation, the application is required to be re-submitted by the newly appointed lead.
(note: you may have more than one named person as the lead)

I wish to apply for **Approval of a Local Immunisation Programme for the above vaccines**

I declare that the Organisation and all Authorised Vaccinators will meet the requirements of [Appendix 4: Authorisation and criteria of vaccinators – Health New Zealand | Te Whatu Ora](#)

Print Name: _____ Signature of applicant: _____

Date: _____

Signing on behalf of Medical Centre / Provider: _____

Medical Officer of Health approval granted: YES / NO

Medical Officer of Health signature: _____

Regarding the Application for a Locally Approved Influenza Vaccination Programme – 2025 / 2026
Please note: Seasonal Influenza Vaccine to Well Populations is now covered under an endorsement to current Authorised Vaccinators.

PLEASE ALLOW 4 WEEKS FOR PROCESSING OF THIS APPLICATION

Forward application to:

vpdimmunisation@southerndhb.govt.nz

OFFICE USE ONLY:	ALL DOCUMENTS ENCLOSED:	<input type="checkbox"/> Approved to:	Signed:
	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: / /	
		<input type="checkbox"/> Declined	Date: / /