

Application for Local Immunisation Programme – 01/01/2023-31/12/2024
Non-Funded/Non Schedule Vaccine Programmes

Authorised 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 – Immunisation Handbook 2020 | Ministry of Health NZ](#)

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?

GP Clinic ☐

Occupational Health Clinic ☐

Off-site ☐

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

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 – Immunisation Handbook 2020 Ministry of Health NZ	
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: _____	
RE: Application for Local Approved Influenza Vaccination Programme – 2023/2024 Season 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: / /