

Change of Details Form

Please complete any changes and email to the Communicable Diseases Prevention Unit (CDPU) at vaccineorder@dhhs.tas.gov.au

Vaccination Service Provider Details				
Account Number:				
Previous Business Name:				
New Business Name:				
Previous Principal Officer:				
Position:	<input type="checkbox"/> Owner	<input type="checkbox"/> Practice Principal	<input type="checkbox"/> CEO	<input type="checkbox"/> Local Government General Manager
New Principal Officer:				
Position:	<input type="checkbox"/> Owner	<input type="checkbox"/> Practice Principal	<input type="checkbox"/> CEO	<input type="checkbox"/> Local Government General Manager
(A new Tasmanian Vaccination Service Provider Agreement will be sent to you for signing)				

Approved Vaccine Recipient		
Previous Vaccine Recipient Name:		
<input type="checkbox"/> Registered Medical Practitioner	<input type="checkbox"/> Authorised Nurse Immuniser	<input type="checkbox"/> Pharmacist
<input type="checkbox"/> Medical Officer of Health		
New Vaccine Recipient Name:		
<input type="checkbox"/> Registered Medical Practitioner	<input type="checkbox"/> Authorised Nurse Immuniser	<input type="checkbox"/> Pharmacist
<input type="checkbox"/> Medical Officer of Health		
AHPRA:	Expiry:	dd/mm/yyyy
(A new Authorisation to Order form should be completed and retained by your service if the new Approved Vaccine Recipient will allow another person to order on their behalf)		