

Authorised Immuniser Renewal Application Form

Name:

Personal Details

Street Address:		
Suburb:	State:	Postcode:
Email Address:		
Home Phone:	Mobile:	
Do you wish to receive job opportunities from other organisations? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a DoH employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Unit:	Position:	

Do you wish to renew your status as an authorised immuniser?

<input type="checkbox"/> No I <u>do not</u> wish to renew my authorisation	
<p>You must read and sign the statement below</p> <ul style="list-style-type: none"> I am the person named in this document and choose not to renew my Authorisation I understand that by not renewing my authorisation I will not be able to practise as an Authorised Immuniser in Tasmania after the expiry date on my current certificate 	
Signature:	Date:
<p>Please send this form into CDPU – see details on page 4</p>	
<input type="checkbox"/> Yes - Please complete the remainder of this form	

Profession

<input type="checkbox"/> Nurse	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Other, specify:
--------------------------------	-------------------------------------	--

Please document details of your current employment as an authorised immuniser

Region of Practice:	<input type="checkbox"/> North	<input type="checkbox"/> North West	<input type="checkbox"/> South	<input type="checkbox"/> Statewide
Place of employment (please tick all that apply)				
<input type="checkbox"/> General Practice	<input type="checkbox"/> Hospital	<input type="checkbox"/> Council - Immunisation Clinics		
<input type="checkbox"/> Private Provider	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Council – School Based Vaccinations		

<input type="checkbox"/> OH & S Company	<input type="checkbox"/> Aged Care Facility
<input type="checkbox"/> Other (please specify)	
<input type="checkbox"/> Not currently practicing as an authorised immuniser	
Type of Vaccinations	
<input type="checkbox"/> Adult Vaccinations (>10 years old)	<input type="checkbox"/> Childhood Vaccinations (Not applicable for pharmacists)

Mandatory Requirements – Annual Statement	
Please answer Yes or No to the following questions (Random audits will be conducted to verify compliance)	
I am currently registered with AHPRA as a registered nurse or pharmacist	<input type="checkbox"/> Yes
In the previous 12 months I have successfully completed a CPR course, in accordance with the Australian Resuscitation Guidelines, which included a practical component.	<input type="checkbox"/> Yes
I have maintained my clinical knowledge of anaphylaxis in the preceding 12 months*	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have completed the required hours of continuing professional development (CPD) specific to immunisation in the preceding 12 months <ul style="list-style-type: none"> • Nurse Immunisers- 8hrs CPD plus CPR • Pharmacist Immunisers- 6hrs CPD (6 x Group 1 or 6 x Group 2 credits) plus CPR 	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have appropriate professional indemnity insurance arrangements in place <i>Health Professionals can meet the professional indemnity insurance requirement through employer's insurance, private insurance cover or another third party such as insurance gained through membership of a professional organisation.</i> <i>It is the Health Professionals responsibility to understand the nature of that cover.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

*This may include:

- Attending a CPR course with an anaphylaxis component.
- Completing the on-line ASCIA course.
- Reading the relevant sections in the online version of the Australian Immunisation Handbook including adverse events following immunisation, the recognition and treatment of anaphylaxis and preparing an anaphylaxis response kit.
- Other comparable materials or resources.

Please complete the following Statutory Declaration

I,
(print full name)

of
(residential address)

.....
(occupation)

Declare that:

- I am the registrant named in this document
- the details given in this renewal of authorisation are true and complete
- the answers to the mandatory requirements annual statement are true and correct
- I practice at all times in accordance with the Australian Government Department of Health *Australian Immunisation Handbook* (online version) and adhere to the *National Vaccine Storage guidelines – Strive for Five* (online version) and the Tasmanian Vaccination Program Guidelines
- I am competent to practice as an Authorised Immuniser in Tasmania

I make this solemn declaration under the *Oaths Act 2001 (Tas)*

Signature: Date:

Declared at
(place)

on
(date)

Before me
(Justice of the peace, Commissioner for Declarations or authorised person – see explanatory notes on page 5 of this document)

Signature: Date:

(Justice of the peace, Commissioner for Declarations or authorised person)

Please forward this Application Form to the Communicable Diseases Prevention Unit (CDPU) via:

- Email: authorisedimmuniser@health.tas.gov.au
- Fax: (03) 6222 7668
- Mail: GPO Box 125 Hobart 7000

Enquiries: 1800 671 738

A statutory declaration under the Statutory Declarations Act 1959 may be made before:

A person who is currently licensed or registered under a law to practise in one of the following occupations:

- Chiropractor
- Dentist
- Legal practitioner
- Medical practitioner
- Nurse
- Optometrist
- Patent attorney
- Pharmacist
- Physiotherapist
- Psychologist
- Trade Marks Attorney
- Veterinary Surgeon

A person who is in the following list due to an appointment they hold:

- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1985)
- Bailiff
- Bank officer with 5 or more continuous years of service
- Building society officer with 5 or more years of continuous service
- Chief executive officer of a Commonwealth court
- Clerk of a court
- Commissioner for affidavits
- Commissioner for declarations
- Credit union officer with 5 or more years of continuous service
- Employee of the Australian Trade Commission who is:
 - in a country or place outside Australia; and
 - authorised under paragraph 3(c) of the Consular Fees Act 1955; and
 - exercising his or her function in that place.
- Employee of the Commonwealth who is:
 - in a country or place outside Australia; and
 - authorised under paragraph 3(c) of the Consular Fees Act 1955; and
 - exercising his or her function in that place.
- Fellow of the National Tax Accountant's Association
- Finance company officer with five or more years of continuous service
- Holder of a statutory office not specified elsewhere
- Judge of a court
- Justice of the peace

- Magistrate
- Marriage celebrant registered under Subdivision C of division I of Part IV of the Marriage Act 1961
- Master of a court
- Member of Chartered Secretaries Australia
- Member of the Engineers Australia other than at the grade of student.
- Member of Association of Taxation and Management Accountants
- Member of the Australasian Institute of Mining and Metallurgy
- Member of the Australian Defence Force who is:
 - an officer; or
 - a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982; or
 - a warrant officer within the meaning of that Act
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the Institute of Public Accountants
- Member of:
 - the Parliament of the Commonwealth; or
 - the Parliament of a State; or
 - a Territory legislature; or
 - a local government authority of a State or Territory
- Minister of Religion registered under Subdivision A of Division I of Part IV of the Marriage Act 1961
- Notary public
- Permanent employee of the Australian Postal Corporation with 5 or more years continuous service who is employed in an office supplying postal services to the public
- Permanent employee of:
 - the Commonwealth or Commonwealth authority; or
 - a State or Territory or State or Territory Authority; or
 - a local government authority with 5 or more years continuous service who is not specified elsewhere
- Person before whom a statutory declaration may be made under the laws of the State or territory in which the declaration is made.
- Police officer
- Registrar or Deputy Registrar of a court
- RSPCA Inspector
- Senior Executive Service Officer of:
 - the Commonwealth or Commonwealth authority; or
 - a State or Territory or of State or Territory authority
- Sheriff
- Sheriff's officer
- Teacher employed on a full time basis at a school or tertiary education institution.