

## Initial Authorised Immuniser Application Form

Name:
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### Personal Details

AHPRA Registration Number:		
Street Address:		
Suburb:	State:	Postcode:
Email Address: <i>Please Note: This is our first preference to contact you.</i>		
Home Phone:	Mobile:	
Name of Course Provider:	Date Authorised Immuniser Course Completed:	
Did you complete a practicum as part of your immunisation course? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Pharmacists only:</b> Did you complete your immunisation training course in Tasmania <input type="checkbox"/> Yes <input type="checkbox"/> No (see next question) In which State did you complete your course?		

### Profession

<input type="checkbox"/> Nurse	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Other, specify:
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### Employment Profile

Are you a DHHS employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Unit:	Position:
Do you wish to receive job opportunities from other organisations? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Employment Details:

<b>Please outline your clinical experience in the last 2 years</b>		
1	Position:	
	Location:	Time spent in role:
2	Position:	
	Location:	Time spent in role:
3	Position:	
	Location:	Time spent in role:

Where do you intend to practice as an Authorised Immuniser? (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"/> OH & S Company	<input type="checkbox"/> Council – School Based Vaccinations		
<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Aged Care Facility			
<input type="checkbox"/> Other (please specify)				
<input type="checkbox"/> Immunising is not currently within my scope of practice				
Region of Practice:	<input type="checkbox"/> North	<input type="checkbox"/> North West	<input type="checkbox"/> South	<input type="checkbox"/> Statewide

Mandatory Requirements for Authorisation Statement	
<b>Please answer Yes or No to the following questions</b>	
Evidence of successful course completion is attached (completion certificate or similar)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have read and understand the Tasmanian Vaccination Program Guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have read and understand the Tasmanian Authorised Immuniser Application Guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No
My current AHPRA registration is attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have attended a Cardiopulmonary Resuscitation (CPR) course, which was delivered in accordance with the Australian Resuscitation Guidelines, and included a practical component in the previous 12 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No
CPR certificate is attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am competent to manage an Adverse Event Following Immunisation (AEFI) including the dosage and regime for administration of adrenalin as per the current edition of the Immunisation Handbook.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am aware of the reporting requirements to the Therapeutic Goods Administration (TGA) following an AEFI.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a practicum was <b>not</b> done as part of your immunisation course have you attached the completed practicum documentation to this application?	<input type="checkbox"/> Yes
I have been <b>practising</b> as an authorised immuniser in another State and am competent to administer the approved vaccines for my scope of practice	<b>OR</b> <input type="checkbox"/> Yes
If you intend to practice as an authorised immuniser in Tasmania do you have appropriate professional indemnity insurance arrangements in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<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 Professional responsibility to understand the nature of that cover.</i>	

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* (current edition) and adhere to the *National Vaccine Storage guidelines – Strive for Five* (current edition), 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 4 of this document)

Signature: ..... Date: .....

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

Please forward your documentation to the Communicable Diseases Prevention Unit (CDPU) via:

- Email: [authorisedimmuniser@dhhs.tas.gov.au](mailto:authorisedimmuniser@dhhs.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.