

Initial Authorised Immuniser Application Form

Name:

Personal Details		
AHPRA Registration Number:		
Postal Address:		
Suburb:	State:	Postcode:
Email Address: Please Note: This is our first preference to contact you.		
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		
If so, please attach to this application		
Pharmacists only:		
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?		
Have you completed a Childhood Module in immunisation? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

Employment Profile		
Are you a DoH 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:		
Please outline your clinical experience in the last 2 years		
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"/> DoH COVID-19 and Flu Clinic		
<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

Type of Vaccinations	
<input type="checkbox"/> Adult Vaccinations (>10 years old)	<input type="checkbox"/> Childhood Vaccinations, all ages (Not applicable for pharmacists)
<input type="checkbox"/> Adult COVID-19	<input type="checkbox"/> Paediatric COVID-19 (5-11 years of age)
<input type="checkbox"/> Other (please specify)	

Mandatory Requirements for Authorisation Statement

Please answer Yes or No to the following questions

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 Immunisation 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 (giving evidence of practical and theory components)	<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 AEFI reporting requirements to the Tasmanian Department of Health.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a practicum was not done as part of your immunisation course, have you attached the completed practicum documentation to this application?	<input type="checkbox"/> Yes
I have been <u>practising</u> as an authorised immuniser in another State and am competent to administer the approved vaccines for my scope of practice	OR <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? <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. It is the Health Professional responsibility to understand the nature of that cover.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 provided in this *initial authorised immuniser application form* are true and complete
- the answers to the ‘mandatory requirements for authorisation statement’ are true and correct
- I will always work within the scope of practice for my profession
- I will always practice in accordance with the Australian Government Department of Health [Australian Immunisation Handbook](#) (online edition) and adhere to the [National Vaccine Storage guidelines – Strive for Five](#) (current edition), and the current version of the Tasmanian Immunisation Program Guidelines
- I am competent to practice as an Authorised Immuniser in Tasmania
- I will complete ALL mandatory training and will continue to complete training updates applicable for administering vaccines that are within my scope of practice

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@health.tas.gov.au

Enquiries: 1800 671 738 or 6166 0632

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.