

## **INSTRUCTIONS**

1. Download and save the application form to your computer to enable full functionality.
2. Before submitting your application, complete the checklist on page 5 of this application to ensure you have all required documentation saved onto your computer.
  - Attach the supporting documentation to the application using the 'Attach' button when prompted.
3. Save an electronic copy of your signature to your computer as an image file.
4. Insert your electronic signature by clicking on the signature field.
5. Once completed, save the application for your records and submit by using the 'Submit' button, or alternatively email the application to the email address provided.



## Application for approval as an organisation delivering immunisation programs

Application for approval as an organisation to deliver immunisation programs pursuant to regulation 18(3)(c)(ii) of the Controlled Substances (Poisons) Regulations 2011.

### ORGANISATION DETAILS

Entity/Legal name of organisation	<input type="text"/>				
Trading name of organisation*	<input type="text"/>				
Address of organisation	<input type="text"/> <input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Organisation phone number	<input type="text"/>				
Organisation email address	<input type="text"/>				
Australian Business Number (ABN)	<input type="text"/>				

### PROPRIETOR/EXECUTIVE/MANAGER DETAILS

Provide the details of the Proprietor/Executive/Manager ultimately responsible for oversight of the provision of immunisation services.

Title	<input type="text"/>	First Name	<input type="text"/>	Surname	<input type="text"/>
Phone number	<input type="text"/>				
Email	<input type="text"/>				

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## VACCINATION PROGRAMS

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Indicate the vaccination program/s your organisation plans to offer:

- National Immunisation Program
- Occupational Health Program
- COVID-19 Vaccination Program

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## ACCREDITATION AND GOVERNANCE

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**1. Is the organisation appropriately accredited? †**

Yes          No

Accrediting authority/s:

Accreditation/s:

†Please provide evidence of current accreditation to an [appropriate quality standard](#) recognised by SA SA Health

**2. Does the organisation have appropriate guidelines, policies and procedures available to facilitate the safe administration of immunisations in the community setting?**

Yes          No

**Provide an overview/index** of the organisations policies and procedures reflecting national and state guidelines and recommendations. These should include:

- Legislative standards
- Clinical governance frameworks and requirements
- Reporting and management requirements

**3. Does the organisation have professional indemnity insurance that includes a level of cover not less than \$20 million for any single claim (that is, for each claim), or for all claims in the aggregate, that may be made against you?**

Yes          No

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**AUSTRALIAN IMMUNISATION REGISTER APPLICATION FORM**

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Application/s to register as a vaccination provider with the Australian Immunisation Register need to be endorsed by SA Health prior to submission to the register.

**5. Is the organisation currently registered as a vaccination provider with the Australian Immunisation Register (AIR)?**

Yes      No

**6. If no to question 5 above, has the organisation or the individuals working within the organisation completed the *Australian Immunisation Register (AIR) – Application to register as a vaccination provider* form?**

Yes      No

Please attach a completed copy of the AIR application if not currently registered. Endorsement is required by SA Health prior to application submission to the AIR.

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EXECUTIVE DECLARATION

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I (print full name)

the

**proprietor/executive/manager** of the organisation listed below (print name of organisation)

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**declare that for all sites included in this application:**

- I have read and understood the information in the [Organisations delivering immunisations information guide](#);
- I accept full responsibility for ensuring that the requirements as outlined in the [Organisations delivering immunisations information guide](#) are in place;
- I accept full responsibility that the information and supporting documentation I have provided is true and correct;
- I am aware that I will be subject to random audits of the immunisation service and may be required to submit copies of my organisation's policies and procedures;
- I have provided a copy of this completed application form and the guidelines to each individual involved in the delivery of the immunisation program/s;
- I will inform the Department's Immunisation Section if significant changes occur in my organisation such as change of ownership or any other matter which may impact the ability of the organisation to provide a safe immunisation service; and
- I am aware that approvals are for a limited time period, and the Department may revoke an approval at any time.

Signed \_\_\_\_\_

Dated \_\_\_\_\_

## OFFICIAL

Once you have completed and signed your application, please:

- complete the checklist below; and
- forward an electronic version of this application using the 'Submit' button or alternatively forward a PDF version of all required application documents to [HealthImmunisationAdmin@sa.gov.au](mailto:HealthImmunisationAdmin@sa.gov.au).

Please note:

- Email receipt confirmation will be sent.
- The application process may take up to 8 weeks.
- Details of the application outcome will be sent to the proprietor / executive / manager of the organisation in an electronic format.

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### APPLICATION CHECKLIST

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To facilitate timely processing of your application please ensure you have provided the required below documentation for each site in PDF format at the time of application submission.

Completed application form. Please ensure all required fields are completed

Evidence of current accreditation

An overview/index of the organisations policies and procedures reflecting national and state guidelines and recommendations

*Australian Immunisation Register (AIR) – Application to register as a vaccination provider form (if not currently registered)*

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**ADDITIONAL SITE LOCATIONS**

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Entity/Legal name of organisation and ABN must match the organisation details section on page 1.

Trading name of organisation	<input type="text"/>				
Address of organisation	<input type="text"/>				
	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Organisation phone number	<input type="text"/>				
Organisation email address	<input type="text"/>				

Trading name of organisation	<input type="text"/>				
Address of organisation	<input type="text"/>				
	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Organisation phone number	<input type="text"/>				
Organisation email address	<input type="text"/>				

Trading name of organisation	<input type="text"/>				
Address of organisation	<input type="text"/>				
	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Organisation phone number	<input type="text"/>				
Organisation email address	<input type="text"/>				

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**ADDITIONAL PROPRIETORS/EXECUTIVES/MANAGERS**

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Title  First Name  Surname

Email

Title  First Name  Surname

Email

Title  First Name  Surname

Email

Title  First Name  Surname

Email

Title  First Name  Surname

Email

Title  First Name  Surname

Email

Title  First Name  Surname

Email

Title  First Name  Surname

Email



## Version control

Version	Effective from	Effective to	Change summary
V 1.0	21 June 2021	8 August 2021	Original version
V 1.1	9 August 2021	May 2022	Inserted instructions for electronic completion of the application form Updated legislative information, insurance requirements and email address
V 1.2	June 2022	20 October 2022	Removed request for S4 Licence Minor clarification of pharmacy proprietor details required Clarification of additional sites permitted under additional site locations Further fields added for additional proprietors
V 1.3	21 October 2022	2 November 2022	Updated QCPP documentation required for pharmacies.
V1.4	3 November 2022	2 May 2023	Removed listed vaccines for Pharmacy Vaccination Service
V1.5	3 May 2023	14 January 2024	Changed name of Pharmacy Vaccination Service to Pharmacy Vaccination Program
V1.6	15 January 2024	22 January 2025	National Immunisation Program Vaccination In Pharmacy (NIPVIP) Program (Government funded vaccines) added to Vaccination Programs Separation of eligible vaccination programs for pharmacies and for other organisations
V1.7	23 January 2025	Current	Removed references to pharmacies from the application, reflecting changes to legislation which no longer require pharmacies to obtain organisation approval

## For more information

Communicable Disease Control Branch  
Department for Health and Wellbeing  
Telephone: 1300 232 272  
[www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au)

OFFICIAL



[www.ausgoal.gov.au/creative-commons](http://www.ausgoal.gov.au/creative-commons)