

Australian Immunisation Register Application to register as a vaccination provider

Purpose of this form

Use this form if you are an individual or organisation wanting to register as a vaccination provider and obtain a registration number for the purposes of sending immunisation data to the Australian Immunisation Register (AIR).

If you are a general practitioner with a registered Medicare provider number, you do not need to complete this form. You can use your Medicare provider number to submit data to the AIR.

Individual

An individual applicant is a person not operating as an organisation, who provides immunisation services.

Organisation

An organisation applicant is a body responsible for providing immunisation services (e.g. immunising council or hospital).

Filling in this form

- Please use black or blue pen
- Print in BLOCK LETTERS
- Mark boxes like this with a ✓ or ✗
- Where you see a box like this Go to 5 skip to the question number shown. You do not need to answer the questions in between.

Returning your form

Check that all required questions are answered and that the form is signed and dated.

Send the completed application to your state/territory health department for approval.

Once the state/territory approval section has been completed, send the form to:

**Department of Human Services
Australian Immunisation Register
PO Box 7852
Canberra ACT 2610**

or

Fax: **08 9254 4810**

Note: If you are a general practice provider type, state or territory health department, approval is not required. Send the completed application directly to the Australian Government Department of Human Services at the above fax number or address.

For more information

Go to humanservices.gov.au/hpair or call **1800 653 809** Monday to Friday, between 8.00 am and 5.00 pm, local time.

Note: Call charges may apply.

Applicant's details

1 Are you applying as an:

Individual

Organisation **Go to 7**

Individual

2 Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

3 Date of birth

4 Address

Postcode

5 Postal address (if different to above)

Postcode

6 Business phone number

 () **Go to 12**

Organisation

7 Organisation name

8 Address

Postcode

9 Postal address (if different to above)

Postcode

10 Contact person

11 Business phone number

 () **Go to 12**

Provider type

12 Choose one from either **Group A** or **Group B** which best describes your provider type.

Group A

- Pharmacy – a business entity involved in dispensing medicines

▶ **Go to 14**

or

Group B

Tick your applicable provider type below:

- Aboriginal health service – an organisation that provides health services/programs to Indigenous people (fee-for-service)
- Aboriginal health worker – an individual that provides health services/programs to Indigenous people (grant-based)
- community health centre – a public or registered non-profit, community-governed health organisation
- council – a local government organisation that runs immunisation clinics
- flying doctor service – an organisation that provides an aero-medical service
- general practice – a group of 2 or more general practitioners wanting to submit AIR data under 1 practice number and receive all AIR payments into 1 nominated bank account
- private hospital – a privately funded hospital that requires payment for medical services by patients/insurers
- public health unit – an organisation funded by local government that provides public health services
- public hospital – a government funded hospital that provides free health care

If your provider type is not listed, please contact the Australian Immunisation Register on **1800 653 809** Monday to Friday, between 8.00am and 5.00pm, local time.

Bank account details

All payments relating to the AIR data submitted under the new registration number will be made into the account below. All payments are made through Electronic Funds Transfer (EFT). Payments cannot be made via EFT if the nominated account has restrictions on EFT deposits.

Not all vaccination providers are eligible for payments.

13 Name of bank, building society or credit union

Branch where the account is held

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of (limit to 30 characters)

Privacy notice

14 Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by the Australian Government Department of Human Services for administering payments and services. This information is required to assist with your application or claim.

Your information may be used by the Department, or given to other parties: where you have agreed to that; or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which the Department will manage your personal information, including our privacy policy, at humanservices.gov.au/privacy

Declaration

15 I declare that:

- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Applicant's full name

Applicant's signature

Date

State or territory health department approval


This section is to be completed by the state or territory health department. **If the applicant is a general practice provider type, approval by the state or territory health department is not required.**

16 I declare that:

- I recognise the applicant as a vaccination provider for the purposes of the AIR, **and**
- I endorse the registration of the applicant on the AIR.

Authorised representative's full name

Signature or affixed stamp



17 Date registration to start

18 Business phone number

Business fax number

Office use only

AIR registration number

Operator number

Date of issue