

Existing practice name:	New practice name (if applicable):
Existing practice address:	New practice address (if applicable):
Existing delivery address:	New delivery address (if different from above):
Current principal GP:	New principal GP (if applicable):
AHPRA Number:	AHPRA Number:
Current phone and fax:	New phone and fax (if applicable):
Practice Type:	Fridge type:
Email:	
<p>Is there a designated person responsible for vaccine storage and implementation of protocols? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Has the practice maintained cold chain throughout their move? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Is the fridge temperature stable in the new location? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Does the practice have access to a digital copy of the <i>Australian Immunisation Handbook</i> (current) and <i>Strive for Five</i>? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Is the practice yellow fever accredited? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, please list the name and provider number of all new doctors to the practice:</p> <p>_____</p> <p>_____</p> <p>_____</p>	
Application for address/name change approved by PHU <input type="checkbox"/> Name (print) _____ Date Approved by PHU: / / Scanned on / /	Signature _____ PHU _____ Scanned by: _____

New Ministry of Health Use:																												
Provider Name:																												
Provider Type:	LHD:																											
Approved by: _____ Signature: _____																												
Date: / /																												