

Australian Immunisation Register

Application to register as a vaccination provider with the Australian Immunisation Register (IM004)

When to use this form

Use this form to **register** as an Australian Immunisation Register (AIR) vaccination provider if you are one of the provider types listed in question 1. If an organisation/business has multiple sites that provide a vaccination service, each site must submit a separate application. Aboriginal health workers who work at multiple sites are only required to complete this form once.

If you have a Medicare provider number, you **do not** need to complete this form. You can use your Medicare provider number to submit data to the AIR.

For more information

Go to servicesaustralia.gov.au/hpair For assistance completing this form or determining your eligibility to register call **1800 653 809** Monday to Friday, 8 am to 5 pm, local time. **Note:** Call charges may apply.

You may need to provide documents to support your registration. Check with your state or territory health department.

Filling in this form

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this **Go to 1** skip to the question number shown. You do not need to answer the questions in between.

Provider type

1 Which provider type are you? **Tick ONE only**

- Aboriginal health worker – an individual that provides health services and programs to Indigenous people (grant-based).
- Aboriginal health service – an organisation that provides health services and programs to Indigenous people (fee-for-service).
- Commercial – a business entity that provides a vaccination service.
- Community health service – 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.
- Hospital – an institution providing medical and surgical treatment. Private
Public
- Pharmacy – a business that dispenses medicines.
- Public Health Unit – an organisation funded by local government that provides public health services.
- Medical practice – two or more medical practitioners submitting AIR data for one practice number with one nominated bank account.

Principal vaccination provider's Medicare provider number

Medical practice providers can submit this form directly to Services Australia without the approval of your state or territory health department.

Applicant's details

A principal vaccination provider for an organisation needs to be authorised to give vaccinations in the state/territory in which they are applying.

2 Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

3 Date of birth

 / /

4 Organisation/business name (if applicable)

5 Australian Business Number (ABN) (if applicable)

6 Business address

Postcode

7 Postal address (if different to above)

Postcode

8 Business phone number

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9 Are you a Commercial, Pharmacy or Public Health Unit provider type?

No **Go to next question**

Yes **Go to 11**

Bank account details

All payments are made through Electronic Funds Transfer (EFT).
Not all vaccination providers are eligible for payments.

10 Name of bank, building society or credit union

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

11 Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by Services Australia for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by us, 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 we will manage your personal information, including our privacy policy, at servicesaustralia.gov.au/privacy

Declaration

This declaration must be signed by the applicant named at question 2.

12 I declare that:

- the information I have provided in this form is complete and correct.
- I have attached the documents to demonstrate I have met state or territory requirements to be a vaccination provider.

I understand that:

- giving false or misleading information is a serious offence.

Applicant or principal vaccination provider's full name

Applicant or principal vaccination provider's signature

Date

Check all required questions are answered and the form is signed and dated. Send the completed form to your state or territory health department. Once approved by your state or territory health department your application will be sent to us for processing.

State or territory health department approval

The state or territory health departments must complete questions 13 to 15 and submit this form to Services Australia.
Contact the applicant if you need more information.

13 Name of state or territory health department

For example, NSW, Vic, NT

14 State or territory health department's phone number

15 I declare that:

- the applicant is endorsed by the state or territory above to administer vaccines.
- the applicant is endorsed to be an AIR vaccination provider.

Authorised representative's full name

Signature or affixed stamp

Date

Submit the form

State or territory health departments must check that all required questions are answered and that the form is signed and dated.

Return this form and any supporting documents:

- by post to:**
Services Australia
Australian Immunisation Register
PO Box 7852
CANBERRA BC ACT 2610
- or**
- scan and email to: AIR@servicesaustralia.gov.au**

Note: There may be risks associated with sending personal information through unsecured networks or email channels.