

Australian Immunisation Register

Application to register as a vaccination provider (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 2. If an organisation or business has multiple sites that provide a vaccination service, each site must submit a separate application.

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

Change of ownership or business structure

Provider numbers are **not transferable**. If a business changes ownership or business structure that results in a **new** Australian Business Number (ABN), a new AIR provider number is required. You can use this form to tell us about a change of ownership or business structure.

Authorised Nurse Immuniser

An Authorised Nurse Immuniser (ANI) is categorised as an organisation for the purposes of requesting an AIR provider number. An ANI will need an ABN to access the AIR, using a Provider Digital Access (PRODA) organisation account. Without an ABN, an ANI cannot register for their own AIR provider number. To report vaccines without an ABN, ANI's should use the AIR provider number of the organisation that employs them or a health professional who has delegated access.

For more information

Go to servicesaustralia.gov.au/hpair

If you need help to complete this form or check your eligibility to register, call 1800 653 809 Monday to Friday, 8 am to 5 pm, local time.

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

Filling in this form

You can complete this form on your computer using Adobe Acrobat Reader, or you can print it.

For help on how to fill in our forms, go to servicesaustralia.gov.au/formhelp

If you have a printed 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.

Change of ownership or business structure

1 Is this application due to a change of ownership or business structure?

No ☐

Yes ☐

IM004.2507

Provider type

2 Read this before answering the following question.

Before completing this application form, refer to the AIR provider type descriptions to determine your appropriate provider type.

Go to servicesaustralia.gov.au/hpaccessair and select 'Provider types who can register as a vaccination provider' to read the AIR provider type descriptions.

Which provider type are you?

Tick one only

Group A

- Medical practice – medical practitioners submitting AIR data for one practice with one nominated bank account. ☐

Group B

- Aboriginal health service – an organisation that provides health services and programs to Indigenous people. ☐
- Authorised Nurse Immuniser – a nurse or midwife with an ABN who holds the relevant qualifications recognised in their jurisdiction for administering vaccinations. ☐
- 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 or state government that provides public health services. ☐
- Residential Care Facility – a public or private service where facility staff provide residents with personal care or health care. ☐
- State or territory health department – an entity funded and operated under a state health department jurisdiction. Responsible for monitoring, coordination, oversight or delivery of state funded immunisation activities. ☐



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Applicant's details

This section is to be completed by:

- the registered Medicare provider, authorised to give vaccinations in the state or territory in which they are applying; or
- Group B provider type, seeking authorisation from the relevant state or territory health department in which they are applying in.

3 Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other

Family name

First given name

Second given name

4 Date of birth (DD MM YYYY)

5 Organisation or business name

6 Medicare provider number (for Group A applicants only)

7 Australian Business Number (ABN)

8 Business address

Postcode

9 Postal address (if different to above)

Postcode

10 Business phone number (including area code)

Email

Bank account details

All payments are made through electronic funds transfer (EFT). Payments cannot be made via EFT if the nominated account has restrictions on EFT deposits.

Commercial, Pharmacy, Public Health Unit, or Residential Care Facility provider types do not need to complete this question.

► **Go to 12**

11 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

Privacy notice

12 The privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacypolicy

Declaration

This declaration must be signed by the applicant named at question 3.

13 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 (DD MM YYYY)

14 Which provider group did you select at question 2?

Group A ☐ State or territory health department approval is not required. ▶ **Go to Returning this form, step 2**

Group B ☐ Send your application to your relevant state or territory health department for approval. Once approved, your application will be sent to Services Australia for processing.

Contact details for state and territory government health authorities

Australian Capital Territory Immunisation Enquiry
immunisation@act.gov.au

New South Wales
moh-vaccreports@health.nsw.gov.au

Northern Territory Centre for Disease Control
immunisation.phd@nt.gov.au

Queensland
immunisation@health.qld.gov.au

South Australia
healthimmunisationadmin@sa.gov.au

Tasmania
immunisation@health.tas.gov.au

Victoria
immunisation@health.vic.gov.au

Western Australia
immunisation@health.wa.gov.au

State or territory health department approval

State or territory health departments must complete questions 15 to 18 and submit this form to Services Australia.
Contact the applicant if you need more information.

15 Name of state or territory health department
For example, NSW, Vic, NT

16 State or territory health department's phone number
(including area code)

17 Email

18 I declare that:

- the applicant is endorsed by the state or territory above to:
 - administer vaccines, and/or
 - access the AIR to support immunisation service delivery.

Authorised representative's full name

Authorised representative's signature or affixed stamp

On completion, print and sign or stamp by hand.

Date (DD MM YYYY)

Returning this form

Step 1

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

Step 2

Return this form and any supporting documents:

Group A providers only

- online**, upload through Health Professional Online Services (HPOS) at **servicesaustralia.gov.au/hpos**

State or territory health department (or Group A where HPOS is unavailable)

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

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

Reset form