

Australian Immunisation Register Application to register as a vaccination provider

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 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.

Filling in this form

- **Please use black or blue pen**
- Print in BLOCK LETTERS
- 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.

Provider type

1 Choose **ONE** option from the list below that best describes your provider type.

- 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
- Medical practice – a group of two or more medical practitioners wanting to submit AIR data under one practice number and receive all AIR payments into one nominated bank account.

Principal vaccination provider's
Medicare provider number

- Pharmacy – a business that dispenses medicines.
- Public health unit – an organisation funded by local government that provides public health services.

Applicant's details

Individual applicant or principal vaccination provider for an organisation

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

 ()

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

No

Yes **Go to 11**

Bank account details

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

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 the Australian Government Department of Human Services 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 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

12 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

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 or territory health department for approval. Once approved, your application will be sent to the Australian Government Department of Human Services for processing.

If your state or territory health department returns the approved form to you, please send it to:

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

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

State or territory health department approval

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

13 Name of state or territory health department approver e.g. NSW, VIC, NT

14 I declare that:

- the applicant has met the state/territory's requirements to be recognised as an AIR vaccination provider, **and**
- the applicant is endorsed to be an AIR vaccination provider.

Authorised representative's full name

Signature or affixed stamp

Date

15 Business phone number

Business fax number

What to do next

State or territory health departments must send the approved form to the address listed below for recording on the AIR:

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