

# 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.

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.

### Authorised Nurse Immuniser

An Authorised Nurse Immuniser (ANI) is categorised as an organisation for the purposes of requesting an AIR provider number. ANI's require an Australian Business Number (ABN) to access the AIR via a Provider Digital Access (PRODA) organisation account. ANI's without an ABN cannot register for their own AIR provider number. In this case, to report vaccines to AIR, they 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](https://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.

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

You can fill this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and complete it.

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.

### Provider type

1 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 Facilities – 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 or vaccination provider for an organisation, 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 (DD MM YYYY)

4 Organisation/business name

5 Medicare provider number (for Group A applicants only)

6 Australian Business Number (ABN)

7 Business address

  
  
  
 Postcode

8 Postal address (if different to above)

  
  
  
 Postcode

9 Business phone number (including area code)

Email

## Bank account details

All payments are made through Electronic Funds Transfer (EFT). Commercial, Pharmacy or Public Health Unit provider types do not need to complete this question. ▶ **Go to 11**

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 and your personal information

11 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/privacy](https://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 understand that:

- giving false or misleading information is a serious offence.

Applicant's full name

Applicant's signature

Date (DD MM YYYY)

13 Which provider group did you select at question 1?

**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 **1300 066 055**  
Northern Territory Centre for Disease Control **immunisation.phd@nt.gov.au**  
Queensland **13 HEALTH (13 4325 84)**  
South Australia **Health.CDCBOrganisationApprovals@sa.gov.au**  
Tasmania **1800 671 738**  
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 14 to 17 and submit this form to Services Australia.

Contact the applicant if you need more information.

### 14 Name of state or territory health department

For example, NSW, Vic, NT

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


### 16 Email

### 17 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 (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](https://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](mailto:air@servicesaustralia.gov.au)

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