



# National Immunisation Register Authorised Individual User Application Form

(If you require browser or manual access to the NIR as a user please complete and return this form with the signed Agreement to your DHB NIR Administrator for processing)

## A Individual provider or user to complete

Surname or family name

First or given name(s)

Title

Role

Professional registration type:  MCNZ  NZNC  Other

Registration number

Organisation name

Physical address

Town/city

Post code

Postal address (if different)

Post code

Phone number

Fax number

Email

PHO (if applicable)

DHB

## B NIR user type

Vaccinator

Data entry (Admin)

Non vaccinator

Outreach

Other (please state)

## C Access to the NIR will be:

Browser (web) – You will be advised of your assigned unique user id

Manual – You will be advised of your assigned unique user id

## D NIR administrator use only:

pb (provider browser)

de (data enterer)

nvp (non-vaccinating provider)

irb (identifiable reports browser)

nirb (non-identifiable reports browser)

sqb (status query browser)

Entered by

Date entered

Signature

User name/login assigned to applicant