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| NSW Health Hunter New England LHN - 2 col RGBFacility Details | | | | | | | | | |
| Facility Name: | | | |  | | | | | |
| **Trading As:** | | | |  | | | | | |
| **Address – Street**  **Delivery address** required for Vaccine Account Number **(VAN)** | | | |  | | | | | |
| **Locality** | | | |  | | | | | |
| **Postcode** | | | |  | | | | | |
| **Opening hours:** | | | | Days of week: Hours: | | | | | |
| **Phone:** | | | |  | | | | | |
| **Principal GP (required for VAN approval)** | | | | Name: AHPRA No:  AHPRA expiry date: | | | | | |
| **Fax:** | | | |  | | | | | |
| **Email: (required for VAN approval)** | | | |  | | | | | |
| **Website:** | | | |  | | | | | |
| **Vaccine Account Number: (VAN)** | | | |  | | | | | |
| **Yellow Fever Accredited** | | | | **Yes No** | | | | | |
| **Travel vaccination specialist** | | | | **Yes No** | | | | | |
| **Facility Description**. eg. General Practice | | | |  | | | | | |
| Doctor Details | | | | | | | | | |
| **Surname** | | **Given name** | | | **Email address** | | | | |
| **Principle Doctor/s** | |  | | | | | | | |
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| **Other Doctors** | |  | | | | | | | |
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| Nurse Details | | | | | | | | | |
| **Surname** | **Given name** | | **Email address** | | | | **Designation eg. RN EN, EEN, AIN** | **Authorised**  **Yes/No** | **HNELHD employee**  **Yes/No** |
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| Administration Staff Details – designate the practice manager | | | | | | | | | |
| **Surname** | **Given name** | | **Designation** | | | **Email address** | | | |
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| Vaccine Storage Details | | | |
| Type of vaccine refrigerator | Other | Description (brand, capacity etc) | |
| Purpose Built Vaccine Fridge |  | |
| Other |  | |
| **For new facilities to apply for a Vaccine Account Number (VAN) the following are required:** | | | |
| **Copy of current edition of National Vaccine Storage Guidelines - Strive for Five online** | **Yes No (if no please obtain a copy)** | | |
| **Link to online version of the Australian Immunisation Handbook** | **Yes No (if no please obtain a copy)** | | |
| **Monitoring equipment** | | | |
| **Type of computerised logger?** |  | | |
| **Who can download the logger?**  There should be more than one person |  | | |
| **Battery operated min/max thermometers** | **Yes No How many?**  **Location of each min/max thermometer** | | |
| **Is fridge alarmed?** | **Yes No** | | |
| **Person designated to be responsible for vaccine storage** |  | | Back up person |