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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 |