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| **NEW Book My Vaccine Site Setup Form** | | | | | | | | | | | | | | | | |
|  | **Site Details (required fields are marked with a \*)** | | | | | | | | | | | | | | | |
|  | Site name\* | | Please provide the site name | | | | | | | | | | | | | |
|  | Site address\* | | Please include floor number/building number/gate number if relevant. | | | | | | | | | | | | | |
|  | Group name | | If applicable, add group name. For example, a pharmacy group. | | | | | | | | | | | | | |
|  | Group contact number | | If applicable, add the group landline or mobile number | | | | | | | | | | | | | |
|  | Group email address | | If applicable, add the email for the group | | | | | | | | | | | | | |
|  |
|  | Facility ID (HPI ID)\* | | Please enter if known | | | | | | | | | | | | | |
|  | Provider type | | ☐ Pharmacy ☐ Māori Health Provider ☐ Pasifika Health Provider ☐ General Practice  ☐ Vaccination Centre ☐ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
|  | Available date\* | | Date your site should be visible to consumers (may be different to start date for appointments)  Example: 16 March 2023 | | | | | | | | | | | | | |
|  | Start date\* | | Date of first available appointment slots  Example: 1 April 2023 | | | | | | | | | | | | | |
|  | Closing date\* | | Site closing date  Example: 28 February 2024 | | | | | | | | | | | | | |
|  | Date to have site fully setup | | Specify if required. Example: 15 March 2023 | | | | | | | | | | | | | |
|  |
|  | Default disability & assistance tags\* (unselect if not available) | | **​​☒​** Assistance to move around   **​☒​** Longer appointment time **​☒​** More space to move around  **​☒​** NZSL interpreter **​☒​** Support to make decisions **​☒​** Quiet or low sensory environment  **​☒​** Wheelchair access | | | | | | | | | | | | | |
|  | Access & services (select all that apply) | | **​​☐​** Onsite parking **​☐​** Public transport options**​☐​** Drive-through location   **​☐​** Disabled car parking  **​☐​** Accessible toilets  **​☐​** Toilets (Public) | | | | | | | | | | | | | |
|  | Consumer tags (select all that apply) | | ​​☐​ Enrolled patients only  ​☐​ Walk-ins only ​☐​ Walk-ins available  **☐​** Bookings only  **​☐​** Vaccination / Hauora event **☐​** Free flu vouchers accepted | | | | | | | | | | | | | |
|  | Payments tags | | Yes (can take payments)  No (can’t take payments) | | | | | | | | | | | | | |
|  |
|  | Access Code | | Private – has code  Select this option if you would like to limit access to appointments by requiring consumers to enter an access code (for example: for enrolled population only or specialised community events) | | | | | | | | | | | | | |
|  |
| **Default Vaccinating Hours – Availability Schedule** | | | | | | | | | | | | | | | | |
|  | Days of operations | | | | | | | | | | | | | | | |
|  | Available delivery times | Monday | | | Tuesday | | Wednesday | | Thursday | | Friday | | Saturday | | Sunday | |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | AM | | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
|  | Time slot information | Number of minutes per appointment | | | | | | | | | | | | | | |

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| **Book My Vaccine User Access Request** | | | |
| **We encourage you have more than one user.** | | | |
| Type of access required | What group or individual site(s) do you need access to? | First & last name | Email address  (prefer organisation email) |
| **1. Site Admin: group access:** Users with this access will be able to view and manage multiple sites within the same group.  For example, managers/owners of multiple facilities. |  |  |  |
| **2. Site Admin: individual site(s) access:** Users with this access will be able to view and manage only individual site(s) requested.  For example, managers and clinical leads who manage bookable capacity and site details. |  |  |  |
| **3. Concierge:** Users with this access will be able to only view individual site(s) requested. Users will not be able to edit/manage the site(s). Can add to the group.  For example: vaccinators and administrators who will be checking bookings. |  |  |  |

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| **Book My Vaccine Site Contact** | | |  |
|  | Please provide the details of one contact person for your site. This information will not be visible to consumers and will only be used if we need to contact you regarding Book My Vaccine. | | |
|  | Contact name\* | ​​Please provide the first and last name of a contact person​ | |
|  | Email address\* | ​​Please provide a preferred email​ | |
|  | Phone number\* | ​​Please provide a contact number​ | |

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| **Vaccine Type Selection** | | |
|  | Please select all the vaccine types that you would like to offer on Book My Vaccine. | |
|  | Vaccine Type \* | **Flu (select one):** 6mths+ ages 3+ ages 5+ ages 12+  **COVID-19 (select relevant options):** 6 months to 4 yearsages 5 to 11ages 12 +Novavax   **Other (select relevant options):**  MMR  Boostrix (funded)  Boostrix (privately funded) Mpox   **Vaccines during pregnancy (select options you would like to offer in the same appointment):**  Boostrix + flu  Boostrix + flu + COVID-19  Boostrix + COVID-19 |
|  | On the next pages, you will need to complete one section for each vaccine type you would like to offer.  Note: you can select to offer ‘live’ bookings/appointments for one vaccine type and a listing (e.g if you offer walk-in clinics or have an external booking system you can include details & a link to a website for further information) for another.  *Reminder: Book My Vaccine is a ‘live’ booking system, you must always have stock of the vaccines offered to advertise bookable appointments.* | |

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| **Vaccine Type One** | | | | | | | | | | **Section One** | | | | | | | | |
|  | Vaccine type\*  *Select one* | **Flu (select one):** 6mths+ ages 3+ ages 5+ ages 12+  **COVID-19 (select relevant options):** 6 months to 4 yearsages 5 to 11ages 12 +Novavax  **Other (select relevant options):**  MMR  Boostrix (funded)  Boostrix (privately funded) Mpox | | | | | | | | | | | | | | | | |
|  | Available delivery times\*  *Select one* | The delivery times for this vaccine type is the same as the default vaccinating hours specified.  I would like a different ‘live’ schedule for this vaccine type*, proceed to section 1. A*  I would like to include a listing for this vaccine, *proceed to section 1. B* | | | | | | | | | | | | | | | | |
|  | **Different Availability Schedule to Default** | | | | | | | | **Section 1. A** | | | | | | | | | |
|  | Only fill out this section if a different live schedule is required for this vaccine type | | | | | | | | | | | | | | | | | |
|  | Available delivery times | Monday | | Tuesday | | Wednesday | | | | | Thursday | | Friday | | Saturday | | Sunday | |
|  |  |  |  |  |  |  | | | |  |  |  |  |  |  |  |  |
|  | AM | PM | AM | PM | AM | PM | | | | AM | PM | AM | PM | AM | PM | AM | PM |
|  | Time slot information | Number of minutes per appointment | | | | | | | | | | | | | | | | |
|  | **Listing** | | | | | | | **Section 1. B** | | | | | | | | | | |
|  | Only fill out this section if a listing is requested for this vaccine type. | | | | | | | | | | | | | | | | | |
|  | Website for consumers to find more information\* | Website address | | | | | | | | | | | | | | | | |
|  | **To meet the needs of consumers, please ensure that the below information is available on the website you provide:**   * Who do you offer vaccination services? For example, only enrolled consumers or all consumers. * What vaccinations are offered? For example, influenza vaccinations only. * When are vaccination services available? For example, specify clinic dates and times or state that consumers must contact you to find out clinic details. * How can consumers access vaccination services? For example, include if you accept walk-ins, if consumers must call or email to make a booking or use an online booking system. | | | | | | | | | | | | | | | | | |
|  | Confirmation\* | Yes, I confirm the above information is available on the website I would like to link to. | | | | | | | | | | | | | | | | |
|  | Listing details can be changed by sending an email request to [help@imms.min.health.nz](mailto:help@imms.min.health.nz).  If you would like to request access to edit your listing details, please provide the details of the person who would like access. | | | | | | | | | | | | | | | | | |
|  | Name | Email Address | | | | | | | | | | | | | | | | |
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| **Vaccine Type Two** | | | | | | | | | | **Section One** | | | | | | | | |
|  | Vaccine type\*  *Select one* | **Flu (select one):** 6mths+ ages 3+ ages 5+ ages 12+  **COVID-19 (select relevant options):** 6 months to 4 yearsages 5 to 11ages 12 +Novavax  **Other (select relevant options):**  MMR  Boostrix (funded)  Boostrix (privately funded) Mpox | | | | | | | | | | | | | | | | |
|  | Available delivery times\*  *Select one* | The delivery times for this vaccine type is the same as the default vaccinating hours specified.  I would like a different ‘live’ schedule for this vaccine type*, proceed to section 1. A*  I would like to include a listing for this vaccine, *proceed to section 1. B* | | | | | | | | | | | | | | | | |
|  | **Different Availability Schedule to Default** | | | | | | | | **Section 1. A** | | | | | | | | | |
|  | Only fill out this section if a different live schedule is required for this vaccine type | | | | | | | | | | | | | | | | | |
|  | Available delivery times | Monday | | Tuesday | | Wednesday | | | | | Thursday | | Friday | | Saturday | | Sunday | |
|  |  |  |  |  |  |  | | | |  |  |  |  |  |  |  |  |
|  | AM | PM | AM | PM | AM | PM | | | | AM | PM | AM | PM | AM | PM | AM | PM |
|  | Time slot information | Number of minutes per appointment | | | | | | | | | | | | | | | | |
|  | **Listing** | | | | | | | **Section 1. B** | | | | | | | | | | |
|  | Only fill out this section if a listing is requested for this vaccine type. | | | | | | | | | | | | | | | | | |
|  | Website for consumers to find more information\* | Website address | | | | | | | | | | | | | | | | |
|  | **To meet the needs of consumers, please ensure that the below information is available on the website you provide:**   * Who do you offer vaccination services? For example, only enrolled consumers or all consumers. * What vaccinations are offered? For example, influenza vaccinations only. * When are vaccination services available? For example, specify clinic dates and times or state that consumers must contact you to find out clinic details. * How can consumers access vaccination services? For example, include if you accept walk-ins, if consumers must call or email to make a booking or use an online booking system. | | | | | | | | | | | | | | | | | |
|  | Confirmation \* | Yes, I confirm the above information is available on the website I would like to link to. | | | | | | | | | | | | | | | | |
|  | Listing details can be changed by sending an email request to [help@imms.min.health.nz](mailto:help@imms.min.health.nz).  If you would like to request access to edit your listing details, please provide the details of the person who would like access. | | | | | | | | | | | | | | | | | |
|  | Name | Email Address | | | | | | | | | | | | | | | | |
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| **Vaccine Type Three** | | | | | | | | | | **Section One** | | | | | | | | |
|  | Vaccine type\*  *Select one* | **Flu (select one):** 6mths+ ages 3+ ages 5+ ages 12+  **COVID-19 (select relevant options):** 6 months to 4 yearsages 5 to 11ages 12 +Novavax  **Other (select relevant options):**  MMR  Boostrix (funded)  Boostrix (privately funded) Mpox | | | | | | | | | | | | | | | | |
|  | Available delivery times\*  *Select one* | The delivery times for this vaccine type is the same as the default vaccinating hours specified.  I would like a different ‘live’ schedule for this vaccine type*, proceed to section 1. A*  I would like to include a listing for this vaccine, *proceed to section 1. B* | | | | | | | | | | | | | | | | |
|  | **Different Availability Schedule to Default** | | | | | | | | **Section 1. A** | | | | | | | | | |
|  | Only fill out this section if a different live schedule is required for this vaccine type | | | | | | | | | | | | | | | | | |
|  | Available delivery times | Monday | | Tuesday | | Wednesday | | | | | Thursday | | Friday | | Saturday | | Sunday | |
|  |  |  |  |  |  |  | | | |  |  |  |  |  |  |  |  |
|  | AM | PM | AM | PM | AM | PM | | | | AM | PM | AM | PM | AM | PM | AM | PM |
|  | Time slot information | Number of minutes per appointment | | | | | | | | | | | | | | | | |
|  | **Listing** | | | | | | | **Section 1. B** | | | | | | | | | | |
|  | Only fill out this section if a listing is requested for this vaccine type. | | | | | | | | | | | | | | | | | |
|  | Website for consumers to find more information\* | Website address | | | | | | | | | | | | | | | | |
|  | **To meet the needs of consumers, please ensure that the below information is available on the website you provide:**   * Who do you offer vaccination services? For example, only enrolled consumers or all consumers. * What vaccinations are offered? For example, influenza vaccinations only. * When are vaccination services available? For example, specify clinic dates and times or state that consumers must contact you to find out clinic details. * How can consumers access vaccination services? For example, include if you accept walk-ins, if consumers must call or email to make a booking or use an online booking system. | | | | | | | | | | | | | | | | | |
|  | Confirmation \* | Yes, I confirm the above information is available on the website I would like to link to. | | | | | | | | | | | | | | | | |
|  | Listing details can be changed by sending an email request to [help@imms.min.health.nz](mailto:help@imms.min.health.nz).  If you would like to request access to edit your listing details, please provide the details of the person who would like access. | | | | | | | | | | | | | | | | | |
|  | Name | Email Address | | | | | | | | | | | | | | | | |
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| **Vaccine Type Four** | | | | | | | | | | **Section One** | | | | | | | | |
|  | Vaccine type\*  *Select one* | **Flu (select one):** 6mths+ ages 3+ ages 5+ ages 12+  **COVID-19 (select relevant options):** 6 months to 4 yearsages 5 to 11ages 12 +Novavax  **Other (select relevant options):**  MMR  Boostrix (funded)  Boostrix (privately funded) Mpox | | | | | | | | | | | | | | | | |
|  | Available delivery times\*  *Select one* | The delivery times for this vaccine type is the same as the default vaccinating hours specified.  I would like a different ‘live’ schedule for this vaccine type*, proceed to section 1. A*  I would like to include a listing for this vaccine, *proceed to section 1. B* | | | | | | | | | | | | | | | | |
|  | **Different Availability Schedule to Default** | | | | | | | | **Section 1. A** | | | | | | | | | |
|  | Only fill out this section if a different live schedule is required for this vaccine type | | | | | | | | | | | | | | | | | |
|  | Available delivery times | Monday | | Tuesday | | Wednesday | | | | | Thursday | | Friday | | Saturday | | Sunday | |
|  |  |  |  |  |  |  | | | |  |  |  |  |  |  |  |  |
|  | AM | PM | AM | PM | AM | PM | | | | AM | PM | AM | PM | AM | PM | AM | PM |
|  | Time slot information | Number of minutes per appointment | | | | | | | | | | | | | | | | |
|  | **Listing** | | | | | | | **Section 1. B** | | | | | | | | | | |
|  | Only fill out this section if a listing is requested for this vaccine type. | | | | | | | | | | | | | | | | | |
|  | Website for consumers to find more information\* | Website address | | | | | | | | | | | | | | | | |
|  | **To meet the needs of consumers, please ensure that the below information is available on the website you provide:**   * Who do you offer vaccination services? For example, only enrolled consumers or all consumers. * What vaccinations are offered? For example, influenza vaccinations only. * When are vaccination services available? For example, specify clinic dates and times or state that consumers must contact you to find out clinic details. * How can consumers access vaccination services? For example, include if you accept walk-ins, if consumers must call or email to make a booking or use an online booking system. | | | | | | | | | | | | | | | | | |
|  | Confirmation \* | Yes, I confirm the above information is available on the website I would like to link to. | | | | | | | | | | | | | | | | |
|  | Listing details can be changed by sending an email request to [help@imms.min.health.nz](mailto:help@imms.min.health.nz).  If you would like to request access to edit your listing details, please provide the details of the person who would like access. | | | | | | | | | | | | | | | | | |
|  | Name | Email Address | | | | | | | | | | | | | | | | |
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|  | If you would like to request more than four vaccine types, please contact the helpdesk [help@imms.min.health.nz](mailto:help@imms.min.health.nz)**.** |