

Update proprietor details and executive declaration for organisation delivering immunisation programs

Only to be used in the instance of a group of proprietors if the signatory of the original application leaves the group.

This form is not intended for use:

- If there has been a change of ownership of an organisation; or
- for organisations where an executive or manager has signed on behalf of an organisation.

Submit the completed and signed form to: HealthImmunisationAdmin@sa.gov.au

SIGNATORY PROPRIETOR ON APPLICATION

I (print full name) the **proprietor** of

the organisation listed below (print name of organisation)

declare that the signatory proprietor of the application to become an approved organisation delivering immunisation programs (print signatory proprietor's full name below)

is no longer a member of the group of proprietors.

Signed _____

Dated _____

UPDATED PROPRIETOR DETAILS

'Updated Executive Declaration' (p.2) signatory proprietor details

Title

First Name

Surname

Phone number

Email

UPDATED EXECUTIVE DECLARATION

I (print full name)	<input type="text"/>	the proprietor of
the organisation listed below (print name of organisation)		
<input type="text"/>		

declare that for all sites included in this application:

I have read and understood the information in the [Organisations delivering immunisations information guide](#);

I accept full responsibility for ensuring that the requirements as outlined in the [Organisations delivering immunisations information guide](#) are in place;

I accept full responsibility that the information and supporting documentation provided with the application to become an approved organisation delivering immunisation programs remains true and correct;

I am aware that I will be subject to random audits of the immunisation service and may be required to submit copies of my organisation's policies and procedures;

I have provided a copy of the completed application form, the guidelines and this update of proprietor details and executive declaration form to each individual involved in the delivery of the immunisation program/s;

I will inform the Department's Immunisation Section if significant changes occur in my organisation such as change of ownership or any other matter which may impact the ability of the organisation to provide a safe immunisation service; and

I am aware that approvals are for a limited time period, and the Department may revoke an approval at any time.

Signed _____

Dated _____