

COVID-19

Application – Exception from COVID-19 Public Health Response (Vaccination) Order 2021

Use this form to apply for an exception for a health worker who is not vaccinated and where removing the worker from that role would result in a significant disruption to essential health services.

When it is complete, please email it to healthorders@health.govt.nz

If you need to apply on behalf of more than one worker, please complete a separate form for each worker.

You are encouraged to attach supporting information.

Personal information

We will collect personal information, through PCBUs, including information about a worker's:

- name
- role
- reasons for not being vaccinated.

We collect personal information as part of the process for assessing applications for exceptions.

Besides the Ministry staff who receive and then assess applications, we will share this information only with the other government agencies (such as the Ministry for Business, Innovation and Employment) involved with considering applications, and any relevant Minister.

If you choose not to enter responses to the questions set out in this form, it is likely we will seek further in order to process the application.

We manage the security of our information in accordance with our privacy statement and Information Security Policy, and in compliance with the Privacy Act 1993, the Official Information Act 1982 and the Public Records Act 2005. The information we hold is used only for the purpose for which it is collected or as otherwise advised, including as described in our Privacy Statement.

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You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you'd like to ask for a copy of your information, or to have it corrected, please contact us at healthorders@health.govt.nz

<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-resources-and-tools/covid-19-your-privacy>

Employer/PCBU information

| |
|-----------------------------------------------|
| Organisation name: |
| Contact name and title: |
| Contact email and phone: |
| Time period of exemption applying for: |

Worker information

| | |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Worker name and title: | |
| Role description: | |
| Reason for declining vaccination: | |
| I agree to my PCBU applying for an exemption under clause XX of the COVID-19 Public Health Response (Vaccination) Order 2021 | Signature Date |

Required information

1) Potential for a significant service disruption

Please complete the following questions to evidence the potential for a significant service disruption if the worker is not able to perform their role due to not being unvaccinated.

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What is the potential significant service disruption that would result from the worker being unable to perform the role?

How significant would the service disruption be?

What is the risk to the public interest from the service disruption – that is, how will New Zealand be impacted if the worker is unable to perform their role?

Impact on your business or organisation

Please complete the following questions by circling Yes or No (and provide supporting comments if needed) to evidence that you have exhausted options to redeploy the worker and/or retrain existing/recruit new staff to replace them in the short term.

| | |
|------------------------------------------------------------------------------------------------------------------------|--------------|
| Can the worker be replaced with another worker, by another function, or by training other/new staff in the short term? | Y / N |
| Can the worker's activities reasonably be delayed to facilitate vaccination of the worker needed to perform the role? | Y / N |
| Can you operate without the role while retraining or recruitment is underway? (If no, see below) | Y / N |

If you answered no, please provide supporting information and describe the qualifications and training required to fill the role and how long training or recruitment will take:

Please note that exceptions will be limited to a specific period of time.

2) Efforts to support the worker's vaccination

Please complete the following statements by circling Yes or No.

| | |
|---------------------------------------------------------------------------------------------|--------------|
| I have made the worker aware of their requirement to be vaccinated | Y / N |
| I have made the worker aware of the deadline for getting vaccinated | Y / N |
| I have offered the worker the opportunity to be vaccinated during their usual working hours | Y / N |
| The worker has been briefed on the vaccine by a suitably qualified health practitioner | Y / N |

If you answered no, please provide supporting information and describe the qualifications and training required to fill the role and how long training or recruitment will take:

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PCBU SIGNATURE

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <p>I, Name:</p> <p>Confirm the information I have provided in this application is true and correct to the best of my knowledge</p> | <p>Signature</p> <p>Date</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|