**PHA Sessional Vaccinator Request Form – Autumn 2025**

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| **Practice Number** eg (Z00123) /  **Pharmacy Contractor number**: |  |
| **Name:**  GP Practice / Community Pharmacy |  |
| **Contact**  Practice Manager / Lead Pharmacist |  |
| **Direct dial telephone number** |  |
| ‘**On the day telephone number’** if different |  |
| **Vaccination clinic location**, including postcode |  |
| **Date/s of vaccination clinic/s** |  |
| **Vaccination clinic hours** (we will ask vaccinator to attend 30 mins prior to start time) |  |
| **Number of patients** planned per clinic |  |
| **Number of practice/pharmacy vaccinators at session** |  |
| **Number of PHA sessional vaccinators requested** |  |
| **Is this clinic in an outside venue** (do vaccinators need to bring warm/outdoor clothing) Yes/No |  |

Please return the completed form to [PHAVaccinesitrep@hscni.net](mailto:PHAVaccinesitrep@hscni.net)