|  |  |
| --- | --- |
| **Date:** |  |

|  |  |  |
| --- | --- | --- |
| **Business/ Service Details** | | |
| Business/ Service Name: | | |
| Location/Address: | | |
| Manager’s Name: | Preferred Contact Person: | |
| Contact Number: | Contact Email: | |
| **Service Request Details** | | |
| Number of vaccine recipients to be vaccinated: | | |
| Proposed Date | |  |
| Preference 1: | Preference 2: | |
| Proposed Time | |  |
| Preference 1: | | Preference 2: |
| Interpreter required – *If yes, ward, unit, service to arrange to be present on day of vaccination*  Yes  No  N/A | | |
| Family/support person required - *If yes, ward, unit, service to arrange to be present on day of vaccination*  Yes  No  N/A | | |
| Name of ward/unit/service clinical lead supporting the Outreach Service staff on the day: | | |

Please email competed form to [Outreachcovidvax@wh.org.au](mailto:Outreachcovidvax@wh.org.au)