**CORPORATE FLU PROGRAM**

REQUEST FORM

Thank you for your interest in having your workplace flu program delivered by Maroondah City Council’s Immunisation Services.

Please complete this form and submit by email to [immunisation.health@maroondah.vic.gov.au](mailto:immunisation.health@maroondah.vic.gov.au), at least **2 weeks prior** to the proposed immunisation date.

**Business Details**

|  |  |
| --- | --- |
| Business Name |  |
| Business Address |  |
| Contact Person: Name |  |
| Contact Person: Number |  |
| Contact Person: Email |  |
| Approx number of staff likely to receive the flu vaccine (minimum 20) |  |

**Vaccine Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Vaccine Brand** | **Diseases Covered** | **Doses Required** | **Cost Per Dose** |
| Quadrivalent Flu | 4 Strains of Influenza | 1 dose annually | $29.00 |

**Date, Time & Location Details**

|  |  |
| --- | --- |
| Preferred Day of the Week |  |
| Preferred Time [please tick] |  Morning   Afternoon |
| Designated Immunisation Room ie Meeting Room 3a |  |

The Immunisation Team will do their best to accommodate any specific date or time requests, however, all immunisation sessions are subject to availability.

**Signature**

I confirm that the above information is true and correct. I acknowledge that this is a request for immunisation services only and subject to approval.

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CEO/Executive Assistant Signature CEO/Executive Assistant Name in Print Date

*Maroondah City Council is committed to protecting your privacy as prescribed by the Privacy and Data Protection Act 2014 and the Health Records Act 2001. The information you provide on this form is being collected by Maroondah City Council for the strict purpose of conducting Council business. Your information will not be disclosed to any external party without your consent, unless Council is required to do so by law or it is part of the Council business that is being undertaken. Failure to provide the information requested may make you ineligible to receive the service or be part of an event/function that is the subject of this form. Any access to the information, amendments that may be required or any privacy enquiries may be directed to Council’s Privacy Officer and Health Records Officer on 1300 88 22 33 or email -* [*privacy@maroondah.vic.gov.au*](mailto:privacy@maroondah.vic.gov.au)