MAV submission: Victorian Pharmacist-Administered Vaccination Program proposed expansion

Response to Department of Health Consultation Paper October 2026



MUNICIPAL ASSOCIATION OF VICTORIA

No one understands the challenges and opportunities facing Victoria in the 21st century better than local councils. From rapidly evolving technology to social changes, shifting economies to environmental pressures, our local communities and the governments that represent them – are at the forefront of multiple transformations happening simultaneously.

As the peak body for the Victorian local government sector, the Municipal Association of Victoria (MAV) offers councils a range of services and support to help them serve their communities.



ACKNOWLEDGEMENT OF COUNTRY

The Municipal Association of Victoria acknowledges the Traditional Owners of Country throughout Victoria, and recognise their continuing connection to lands, waters, and culture. We pay our respect to Elders past and present who carry the stories, traditions, cultures, and aspirations of First Peoples, and who forged the path ahead for emerging leaders.

We support local government's commitment to strengthen relationships with Victoria's First Peoples communities and for it to encourage greater unity, knowledge, cultural awareness and respect for the first occupants of this land - through its strong community links and local representation.

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This submission has been prepared by the Municipal Association of Victoria (MAV). The MAV is the statutory peak body for local government in Victoria, representing all 79 municipalities within the state.

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Table of Contents

Introduction	04
Key Issues for Consideration	05
The Role and Value of Local Government Services	06
Vaccination Coverage, Equity and Sustainability in Victoria	08
Needs of Children and Families	10
Additional Considerations	12
Alternative Approaches to Increase Vaccination Coverage	13
Conclusion	14
Case Studies	15

Introduction

The Municipal Association of Victoria (MAV) welcomes the opportunity to provide feedback on the proposed expansion of Victoria's Pharmacist-Administered Vaccination Program. While the MAV supports all efforts to improve vaccination access the key question is how Victoria can increase vaccination coverage among people who are missing, delaying or declining vaccination. Expanding provider options may improve convenience for people who are already engaged with vaccination, but increasing coverage depends on reaching those who are overdue, hesitant or experiencing barriers to access.

Local government has a long-standing legislated role in immunisation delivery and public health in Victoria. For more than a century, councils have been trusted providers of community immunisation services. Councils play a central role in the delivery of childhood, adolescent and community vaccination programs through experienced nurse immunisers and established community-based services.

As organisations responsible for delivering immunisation services and supporting vaccination uptake in local communities, councils have a perspective on the factors that influence vaccination coverage and access, including the opportunities and risks associated with changes to Victoria's immunisation system.

Research led by the National Centre for Immunisation Research and Surveillance (NCIRS) identifies both access barriers and confidence-related factors as influences on vaccination uptake, including appointment availability, cost, competing priorities and trust in vaccine information.

The MAV recommends strengthening existing immunisation services alongside considerations of expansion, with a focus on vaccination coverage, equity and long-term public health outcomes in addition to access.

This submission considers the potential benefits, risks and unintended consequences of the proposal through the lens of vaccination coverage, equity, system sustainability, public health capability, and the needs of children and families.

It also identifies alternative opportunities to improve vaccination uptake through investment in existing services. Case studies from councils across Victoria are included to illustrate the breadth of local government's contribution to immunisation and public health outcomes.

Key Issues for Consideration

The proposed expansion should be considered in the context of Victoria's broader immunisation system, and the different roles providers play in achieving high vaccination coverage. In consultation with our members, the MAV has identified the following issues warranting careful consideration:

1. Investment in existing immunisation services

Victoria has an established network of accessible council immunisation services with expertise in childhood vaccination, catch-up vaccination, outreach and public health delivery. Consultation with councils indicates that funding, rather than workforce availability, is often the primary constraint to expanding access. Consideration should be given to whether greater improvements in vaccination coverage and equity could be achieved through sustained investment in existing nurse-led services.

2. Sustainability of Victoria's immunisation system

The impact of expansion on existing providers, workforce capacity and service sustainability should be carefully considered, particularly where services perform public health functions beyond vaccine administration. Changes that reduce capacity of existing services to reach families disengaged from vaccination may be difficult to reverse.

3. Public health capability and system resilience

Local government immunisation services are part of Victoria's broader public health infrastructure and contribute to outbreak response, catch-up vaccination and population health initiatives. Impacts on this important role need to be carefully considered. Investing in, and maintaining this workforce, local networks and capacity enables rapid, coordinated responses to emerging health risks.

4. The needs of children and families

Vaccinating infants and young children requires specialised clinical expertise, appropriate facilities and service models that support children and families. Maintaining a skilled and experienced childhood immunisation workforce is essential to delivering safe care and undertaking the sustained outreach, education and trust-building needed to engage hesitant families and those experiencing barriers to vaccination.

The Role and Value of Local Government Immunisation Services

Victoria has developed a distinctive immunisation model that combines the strengths of general practice, local government and other vaccination providers. Within this model, councils play a particularly important role in the delivery of childhood and adolescent vaccination programs and have developed substantial expertise in working with children, young people and families.

Local government has a legislated public health role to coordinate and provide immunisations to children and young people living and being educated in their municipality. Councils have been trusted providers of immunisation services in Victoria for over a century. Their immunisation programs are delivered as part of a broader commitment to improving community health and wellbeing. Unlike providers whose primary purpose is clinical service delivery, council immunisation services are designed to achieve public health outcomes across the community.

In 2023, Victorian councils delivered more than 7,000 community immunisation clinic sessions and over 1,400 secondary school vaccination sessions. Councils now vaccinate around one quarter of Victorian children and deliver the vast majority of adolescent vaccinations through the secondary school immunisation program (Australian Government Immunisation Dashboards). Most councils also provide catch-up vaccination services for people who have arrived from overseas and may have missed vaccines available as part of the Australian Immunisation schedule.

Council immunisation teams have established relationships with a broad range of council services and with schools, families and local communities. They deliver services through infrastructure that has been built and refined over many decades.

Councils also have a detailed understanding of their local communities. This local knowledge supports service planning and enables vaccination programs to be tailored to local circumstances, population needs and emerging public health priorities at both a local and state level.

Attachment: Council case studies

Councils are not a niche provider. They are a major delivery partner with a long history, significant scale, specialist expertise, and a distinct public health role.

The attached case studies demonstrate the breadth of council immunisation services, from outreach for vulnerable families and refugee communities, to specialist school programs, public health outbreak responses, pop-up vaccination clinics and vaccine education for new parents.

Together, they show that councils do far more than administer vaccines. They provide trusted, place-based services that overcome barriers, support under-vaccinated populations and respond to emerging public health needs. Any changes to Victoria's immunisation system should consider how this broader public health role will be maintained.

The Role and Value of Local Government Immunisation Services

Funding Arrangements and Sustainability of Local Government Immunisation Services

Local government immunisation services operate within a different funding environment to many other vaccination providers. Survey data collected by MAV in 2023 found that councils fund approximately 80% of immunisation service delivery costs.

Unlike other vaccination providers, councils are not eligible for most Commonwealth funding arrangements associated with vaccine delivery.

Councils receive a payment for reporting completed vaccination encounters to the Australian Immunisation Register and limited state funding for some vaccination activities for children and adolescents.

They do not receive equivalent funding support for delivering National Immunisation Program or state-funded vaccines across childhood, adolescent or adult programs.

Despite this, councils continue to provide vaccines promoted as free to the community at no cost to the individual. Current funding arrangements are increasingly challenging to sustain and are already influencing decisions about service delivery, clinic availability and ongoing investment in immunisation programs.

Consideration should be given to the long-term sustainability and equity of these arrangements, and their impact on maintaining accessible local vaccination services across Victoria.

Table: Immunisation funding summary across provider types

Provider Type	Local Government	Pharmacy	GPs
Childhood NIP	$6 (CW) $11+ (State) per encounter	NIPVIP details yet to be released*	$20+ Medicare rebate per consultation $6 per encounter
Adolescent NIP	$11+ (State) per vaccine	$20+ (CW) per vaccine	$20+ Medicare rebate per consultation
Adult NIP	$0	$20+ (CW) per vaccine	$20+ Medicare rebate per consultation

Note:
GP payment is a Medicare consultation fee plus the $6 AIR upload per encounter for children,
Pharmacy payment is per NIP vaccine under the National Immunisation Program Vaccinations in Pharmacy (NIPVIP) program.
Local government receives $6 AIR upload per NIP encounter for children under 5 and a little over $11 from the State Government. The Commonwealth provides no other funding to councils. The State contributes just over $11 per NIP vaccine administer to adolescents.
** Details of NIPVIP funding for children under 5 are yet to be released. If it follows current funding for other age groups it would be $20 per vaccine administered.*

Vaccination Coverage, Equity and Sustainability in Victoria

The Victorian immunisation context

Additional vaccination settings may improve convenience and provider choice for people already engaged with vaccination. The key consideration is whether the proposed expansion will increase vaccination uptake among people who are currently missing, delaying or declining vaccination, as maintaining high levels of community protection depends on keeping these groups engaged.

The Victorian context is important. While national evidence provides valuable insight into the factors influencing vaccination uptake, Victoria has a distinctive immunisation system. Unlike many other jurisdictions that rely primarily on general practice for vaccine delivery, Victorians can also access vaccination through a statewide network of local government immunisation services.

This established delivery model already provides an additional pathway to vaccination and helps reduce access barriers for individuals and families. As a result, the potential benefits of expanding vaccination settings in Victoria may differ from those observed elsewhere, and consideration should be given to whether declining coverage is best addressed through additional provider settings, investment in existing services, or a combination of both.

Sustainability of Victoria's immunisation system

Victoria's immunisation system has been built over many decades and relies on a network of local government services, general practice, pharmacies and other providers. Any expansion of vaccination delivery for children should consider its impact on the sustainability of this broader system.

A particular risk is that additional vaccination settings will likely attract people who are already motivated and able to seek vaccination, while existing public immunisation services continue to support people requiring more intensive access such as catch-up vaccination, education, follow-up and outreach.

This shift could have implications for the sustainability of service delivery. For providers like councils the number of engaged families seeking vaccination may decline, while the complexity of the work remains the same or increases. A reduction in numbers would likely mean fewer clinic sessions, reduced local availability and less capacity to maintain an experienced nurse immunisation workforce.

Reduced clinic availability may make services harder to access for the communities that rely on them most, limiting opportunities to engage people who are under-vaccinated. It may also reduce the capacity to:

- provide catch-up vaccination for adolescents who missed doses at school,
- deliver state-funded vaccination programs, and
- respond to emerging public health priorities through targeted outreach and pop-up clinics.

Any assessment of the proposal should consider these broader system impacts.

Vaccination Coverage, Equity and Sustainability in Victoria

Public health capability and system resilience

Councils are uniquely positioned within Victoria's public health system. As local public authorities, they work alongside the Victorian Government to deliver immunisation programs designed to achieve population-level outcomes and respond to local health priorities.

This is particularly relevant during disease outbreaks, public health emergencies and vaccination campaigns that require rapid scale-up or targeted delivery. These responses rely on established delivery networks, workforce expertise and coordination across the health system. Local government services provide an established partnership and delivery network that can support these responses while enabling locally tailored approaches where needed.

System resilience depends on maintaining sufficient capacity, expertise and infrastructure across the immunisation system. Workforce capability, service infrastructure and community delivery networks are long-term assets that take years to establish and maintain. Once lost, they could be very difficult to rebuild.

Any assessment of the proposed expansion should consider its potential impact on the long-term resilience of Victoria's immunisation system, including the ability to respond to future public health priorities and vaccination initiatives.

The Needs of Children and Families

Infants and young children have distinct clinical, developmental and behavioural needs that require specific consideration. Approaches and settings that may be appropriate when vaccinating adults cannot automatically be assumed to meet the needs of young children and their families.

Vaccination of infants and young children requires specialised clinical skills, including assessment of vaccination history and vaccination requirements (eg schedule variations for specific cohorts), management of catch-up schedules, identification of contraindications and precautions, appropriate vaccine administration techniques, and recognition and management of adverse events following immunisation. It also requires experience supporting children and families through what can be a stressful healthcare interaction.

Clinical governance and child safety

Any expansion of vaccination services for children under five must address clinical governance and child safety, including appropriate competency and recency-of-practice requirements, safeguarding and applicable mandatory reporting obligations, clinical incident management, and escalation and referral pathways where concerns about a child's and/or family's health and wellbeing are identified.

Child and family-friendly vaccination environments

Vaccination settings must also meet the practical needs of young children and families. This includes accommodating parents, carers, siblings and prams; providing baby-changing facilities and a discreet space for breastfeeding; supporting distressed or anxious children; providing culturally safe care (including private spaces where needed); and ensuring adequate post-vaccination observation spaces, emergency equipment and appropriately trained personnel are available to assist in the event of an adverse reaction or medical emergency.

Opportunities to identify and support vulnerable families

Council immunisation services are often an important point of contact for families, particularly those with infants and young children. During vaccination appointments, immunisation nurses may observe developmental, health, wellbeing or safety concerns that require further assessment, referral or, where applicable, mandatory reporting.

Council immunisation nurses have established links with Maternal and Child Health (MCH) and other council services, allied health and community services, and child protection services where necessary. These relationships support referral, coordinated care and early intervention, particularly for vulnerable families who may need additional support.

Changes to service delivery should consider how these connections and opportunities to identify concerns and support families will be maintained.

The Needs of Children and Families

Culturally responsive care - CALD Communities

Many council immunisation teams also support culturally and linguistically diverse communities through the use of interpreters, translated resources and culturally appropriate service delivery. These supports play an important role in informed consent, vaccination decision-making and access to care. Consideration must be given to if/how these supports will be provided across an expanded provider model, particularly for families who require language assistance or culturally responsive approaches to care.

Culturally responsive care - Closing the Gap

Aboriginal children and families remain a priority population for efforts to improve vaccination coverage and reduce health inequities. Improving uptake relies on culturally safe care, trusted relationships and community-led approaches. Any changes to vaccination delivery should consider their impact on equitable access, engagement and Closing the Gap objectives.

Ongoing engagement

A child's vaccination journey spans multiple appointments across childhood. A negative or distressing vaccination experience can affect a family's confidence and willingness to return for subsequent vaccinations. Ensuring vaccination is delivered in safe, supportive and developmentally appropriate environments is therefore important not only for the immediate vaccination event, but also for maintaining participation throughout childhood.

To ensure consistent quality and safety standards, any expansion of providers authorised to vaccinate children under five should be accompanied by requirements equivalent to those applying to existing childhood immunisation providers, including:

- Competency in childhood vaccination and ongoing recency of practice.
- Clinical governance, child safety and applicable reporting obligations.
- Vaccination environments appropriate for young children and families.
- Culturally safe care
- Emergency equipment, medication and appropriately trained personnel.
- Post-vaccination observation and adverse event management.

The quality of a child's vaccination experience can shape a family's willingness to return for future vaccinations.

Additional Considerations

Travel Vaccination

The proposed expansion includes travel vaccination services. Travel health assessment extends beyond vaccination and may include destination-specific risk assessment, disease prevention advice, medication management and broader travel health planning. Any expansion of travel vaccine providers must ensure these important elements of travel health care are maintained and supported, recognising that vaccination is only one component of preparing travellers for overseas health risks.

Vaccine Supply and Logistics

Any expansion of vaccination delivery should consider implications for vaccine ordering, distribution and storage arrangements across the broader immunisation system. This includes management of vaccine supply, cold-chain requirements and the potential impact on existing distribution and inventory systems.

Funding and implementation arrangements

Funding arrangements for immunisation expansion should be transparent, equitable across providers, and aligned with best-practice immunisation delivery. Payment models should support the administration of all vaccines due or overdue during a single visit wherever clinically appropriate.

For example, funding arrangements that cap remuneration per visit, regardless of the number of vaccinations delivered, may create incentives to spread vaccinations across multiple appointments. This could increase delays, contribute to incomplete vaccination schedules, add administrative burden and create potential for errors. Remuneration arrangements should minimise missed opportunities for vaccination and support timely, efficient and safe delivery delivery across all vaccination providers.

Promotion and Public Awareness

Public information and vaccination campaigns should reflect the full range of vaccination providers available in Victoria. Community messaging often directs people to a GP or pharmacist, while local government immunisation services receive limited visibility despite their significant role in vaccine delivery.

Limited recognition of local government services can reduce community awareness, constrain choice, and create unnecessary barriers to access. This is particularly important where council services provide the most accessible vaccination option for children, adolescents and the broader community.

Alternative Approaches to Increase Vaccination Coverage

The consultation paper seeks feedback on alternative approaches to increasing vaccination coverage. The MAV considers that opportunities to improve coverage include strengthening the capability that already exists within Victoria's immunisation system, alongside any consideration of additional vaccination settings.

1. Invest in nurse-led childhood and adolescent immunisation services
Victoria already has an established system for childhood and adolescent vaccination, supported by specialist expertise, trusted community relationships and existing infrastructure. Additional investment in these services would expand clinic availability, outreach and catch-up services; improving access for children and families who are under-vaccinated or face barriers to conventional services.

2. Improve funding for local government immunisation services would increase access
Councils have consistently advised that more equitable and sustainable funding would enable them to expand clinic availability, increase after-hours and weekend sessions, undertake targeted community outreach and improve access for groups with lower vaccination rates, including people who are currently missing out on vaccination.

Equitable funding is vital, given that councils receive the lowest level of funding among Victorian vaccination providers. Addressing this disparity would enable councils to increase service availability and undertake targeted work with cohorts who are currently under vaccinated or missing out on vaccination.

3. Support a mixed-provider model for adult vaccination
Pharmacies play an important role in improving access to vaccination for many adults and contribute to the delivery of vaccination services across Victoria.

At the same time, more equitable funding arrangements would support greater involvement of local government services in adult vaccination. This would create additional vaccination opportunities within community settings and enable councils to build on existing relationships with families, carers and older residents to increase vaccination rates in this cohort.

4. Invest in participation and vaccine confidence
While provider availability is important, declining vaccination coverage is influenced by a range of factors. Investment is needed in evidence-based strategies that build vaccine confidence, support informed decision-making and engage people who are overdue, hesitant or experiencing practical, cultural or financial barriers. This should include inestment in trusted community partnerships, tailored communication, follow-up and targeted outreach.

Conclusion

Victoria has developed a strong and distinctive immunisation system that combines general practice, local government, pharmacies (for older people) and other providers. This model has contributed to some of the highest childhood immunisation rates in Australia and has built significant public health capability within local communities.

The MAV supports actions that improve vaccination coverage and access for Victorian communities. Future reforms should be considered through the lens of vaccination coverage, equity and long-term system sustainability, with particular attention to the services and workforce that support people who face the greatest barriers to vaccination.

Strengthening existing services, supporting appropriate safeguards for childhood vaccination and ensuring sustainable funding will help Victoria maintain the capacity to reach under-vaccinated communities and respond to future public health challenges.

Attachment: Case Studies

Full case studies and other examples of the important role played by Victorian councils can be found on the MAV website



Outreach immunisation for women and children experiencing family violence

Darebin City Council provides outreach immunisation for women and children experiencing homelessness, family violence, mental health challenges and alcohol and other drug dependency.



Working in partnership with Enhanced Maternal and Child Health services, council immunisation nurses deliver vaccinations directly in women's refuges, crisis accommodation and other settings where families are living. The service also supports families to update Australian Immunisation Register (AIR) records, coordinates referrals when families move between services or municipalities, and provides ongoing follow-up to keep children connected to routine immunisation.

Many families supported through the program face unstable housing, changing care arrangements or periods of crisis that make routine healthcare difficult to maintain. Without intensive follow-up and flexible service delivery, many children would remain unimmunised or significantly behind schedule.

The program demonstrates how council immunisation services contribute not only to vaccination coverage, but to broader wellbeing outcomes including access to childcare, financial supports and connection with other health and family services.

Bringing immunisation services into the home



A regional Victorian council developed a home-based outreach immunisation program for families identified through Maternal and Child Health, early years and family services programs.

The service was established after council identified that some children were missing vaccinations because of practical, social and financial barriers rather than vaccine hesitancy. Immunisation nurses visit families in their homes, removing the need to travel and allowing vaccination to occur in a familiar environment.

Families supported through the program include those experiencing socio-economic disadvantage, housing instability, cultural and language barriers, and complex family circumstances.

The outreach model has improved vaccination timeliness, strengthened referral pathways across council services and helped build trust with families who may otherwise have remained disconnected from the health system. It also demonstrates the significant workforce and funding commitment required to reach children who are unlikely to access traditional clinic-based services.



Two years of trust-building to vaccinate one student

Through its Secondary School Immunisation Program, Frankston City Council works with students attending specialist schools who require highly individualised support.

One student with Down syndrome had successfully received Year 7 vaccinations but later developed severe needle phobia. Rather than abandoning the vaccination, council nurses continued to engage with the young person during every school visit over a period of more than two years.

The nurses built a relationship centred around the student's interests and a much-loved teddy bear, who became the recipient of countless "practice vaccinations". Eventually, with support from school staff and growing confidence, the student successfully received their vaccination and proudly reported afterwards that it "wasn't that bad".

The example highlights that for some students, achieving vaccination coverage requires patience, continuity of care and long-term relationship building rather than a single appointment.

Rapid after-hours response to a measles exposure

A regional council immunisation team provided urgent support after a confirmed measles exposure in a hospital emergency department on the eve of a long weekend.



Because post-exposure vaccination is time-sensitive, waiting until services reopened several days later would have significantly reduced the effectiveness of the public health response.

The council immunisation coordinator and nurse immuniser attended the hospital after hours, bringing vaccine stock and administering MMR vaccine to exposed individuals identified through contact tracing.

The response reduced anxiety for affected community members, supported the hospital infection control team and helped minimise the risk of further disease transmission.

It also demonstrated the important role council immunisation services play as part of Victoria's broader public health response infrastructure.

Taking Mpox vaccination to the Midsumma Festival

The City of Melbourne partnered with the Victorian Department of Health and Midsumma organisers to deliver a pop-up Mpox vaccination clinic during the Midsumma Festival.



The clinic operated within the festival environment, allowing people to access vaccination in a trusted, inclusive and highly visible community setting.

Over the course of the festival:

- 102 people received an Mpox vaccination
- 84 per cent were receiving their first dose
- Many participants reported they would not otherwise have sought vaccination.

The clinic also created opportunities for broader conversations about vaccine eligibility, completion of second doses, and other recommended vaccinations. The initiative demonstrated how councils can successfully take immunisation services into community settings to improve access among priority populations.

Catch-up vaccination for newly arrived Afghan refugee families



In late 2021, following the evacuation of Afghan refugees into Melbourne, the City of Melbourne Immunisation team rapidly established dedicated catch-up immunisation clinics for newly arrived families living in temporary accommodation.

Many children arrived with no reliable vaccination records and none were assessed as fully immunised according to the Australian schedule. Council immunisation staff reviewed records, developed complex catch-up plans, worked with interpreters and delivered vaccinations through specially established clinics.

Between October 2021 and March 2022:

- 597 children attended for catch-up assessment and vaccination
- 695 appointments were delivered
- 2,988 vaccine doses were administered

More than 400 children were referred to other Victorian councils for ongoing follow-up after relocation including engagement with council MCH services.

The response drew on specialist council expertise in catch-up immunisation, multilingual communication and service coordination, demonstrating the critical role local government can play during humanitarian emergencies.

Building vaccine confidence through new parent groups



Banyule City Council developed an early intervention model that embeds immunisation nurses within Maternal and Child Health new parent groups.

The initiative was created in response to growing vaccine hesitancy, confusion about the immunisation schedule and concerns about misinformation.

Immunisation nurses attend group sessions, provide evidence-based information, answer questions in a non-judgemental environment and help parents understand how and where to access vaccination services.

Families reported increased confidence in the immunisation program, greater understanding of vaccine safety and improved knowledge about local vaccination services. The program reinforced the importance of trusted conversations early in a child's life, before concerns turn into delayed or missed vaccinations.

Strengthening immunisation through trusted community partnerships



Benalla Rural City Council partnered with the Tomorrow Today Foundation to strengthen childhood immunisation uptake by incorporating immunisation promotion into broader early childhood and family support programs.

The Foundation engages with around 80 per cent of local families with young children and uses these trusted relationships to discuss immunisation, support families to navigate services, and connect them to council clinics. The partnership integrates vaccination messaging into home visiting and early years support services, ensuring conversations occur in familiar, non-clinical settings rather than relying solely on healthcare appointments.

The initiative has improved awareness of council immunisation services, strengthened follow-through for families who may otherwise miss appointments, and embedded immunisation into broader child development conversations.

A key lesson from the program is that improving vaccination coverage often depends on trusted local relationships and coordinated community engagement, not simply increasing the number of vaccination locations.

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