EVDS Self Registration Portal User Manual

2 February 2021

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Department: Health
REPUBLIC OF SOUTH AFRICA

NATIONAL DEVELOPMENT PLAN 2030

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Who must register?

All **Healthcare Workers** (public & private) who intend to be vaccinated in Phase I should enroll on the **Electronic Vaccination Data System (EVDS)**

Please direct questions to Support email:
evds.hcwselfregistration@health.gov.za

http://vaccine.enroll.health.gov.za/

What will the information be used for?

Information submitted during registration will be used to:

- Identify eligible vaccination beneficiaries
- Plan supply of vaccines and ancillary items
- Allocate beneficiaries to their nearest available service point
- Communicate with enrolled individuals about the vaccination program, including but not limited to:
  - **eligibility**
  - **where they will be vaccinated**
  - **follow-up vaccination appointments**.

What do you need to register?

1. **Access to the internet** on any device (cellphone, laptop, tablet, desktop etc.)
2. Your ID number or Passport (non-RSA), general contact information **(your cellphone number will be used as the primary mode of communication).**
3. Information about your **employment (primary employer and location of work)**
4. Where relevant, your **professional registration details, and medical aid** are also requested.
5. With all information at hand registration should take approximately **2-3 minutes (Three steps)**

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General Instructions

- Use 'Go Back' to return to the previous page
- Use 'Next Step' to proceed
- Use your **backspace button to delete** and replace entries
- **Compulsory questions** or questions with **restricted responses** will show red and block you from proceeding if incorrectly completed/left blank. Any other questions are not compulsory.

Cell number (starting with 27)
083455sds88888
Cell number must be a valid number

- **Please complete questions in the order that they appear,** as some answers lead to additional questions and dropdown lists.
- Please complete in **one sitting, as your information will not be saved until you finish** the registration.

Landing Page (Using RSA ID)

You can register with RSA ID Number **OR** Non-RSA Passport.

Please enter your RSA ID and click 'self register using ID' to proceed

OR

Please select 'Use passport' if you would like to use a non-RSA Passport to register.

Landing Page (Using Passport)

If you select to use a non-RSA passport:

- Enter country
- Enter passport number
- Click 'Self register using passport' to proceed

OR

If you would like to use an RSA ID click 'Use RSA ID' to return to landing page

Step 1: General Information

Please enter your general information.

Your **cell phone number** will be used to communicate with you by SMS about the vaccination program, and to confirm your vaccination date, place and time using a vaccination code/ticket.

Please ensure your cell phone number is entered correctly, starting with 27 (Country code) and removing the initial 0

Step 2: Employment & Medical Aid (1)

Please enter the **name of your primary employer** and **job title**.

Step 2: Employment & Medical Aid (2)

Please select whether you are **patient-facing or not (Yes/No)**, based on whether you interact directly with patients.

If you are patient facing, please select the **location in which you work with patients** from the dropdown list provided.

Step 2: Employment & Medical Aid (3)

Please select whether you are **a Health Professional (Yes/No)**, based on whether or not you are a Health Care Worker who is registered with a statutory body (e.g. Nursing Council).

If you select **Yes** please enter your **Professional body registration number** and/or **Practice number**, as appropriate.

Step 2: Employment & Medical Aid (4)

Please select your **Medical Aid Scheme** Name, Other, or None (if you have no Medical Aid) from the dropdown list.

If you enter a Medical Aid Scheme you will be asked your **Medical Aid Number**. This is optional to complete.

Once you've completed this, please proceed to '**Next Step**' (Step 3, Final Step)

Step 3: Primary Location of Work

- Please select your **Primary location of work** including Province, District, Sub-District/Local Municipality.
- Please select your **Health establishment** from the dropdown list, or select 'other' if it is not listed.
- If you select 'other' please enter the name of your work location.
- Please enter the **address** for your location of work.

Accept Terms & Conditions

Source: https://sacoronavirus.co.za/evds/tscs/

- To complete your registration please accept the terms and conditions, and click '**Submit Registration**'

- The Terms and Conditions are available on-screen as per the official [SAcoronovirus website](#).

- If you have any comments or feedback please enter them in the optional **Comments** box.

Complete Registration

EVDS Self Registration

Registration has been successful.

Register once more

- The final screen will confirm that your **registration has been successful**.

- You will receive an **SMS notification** confirming that your registration has been received by the EVDS.

Amending Information

EVDS Self Registration

Step 1: General information

This person has already been registered within EVDS. A new registration will update existing details.

First name(s)

- If you wish to update your information you can 're-register' using **your same ID or Passport number** to update/override your previously submitted information.

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