



### **EVDS Self Registration Portal User Manual**



2 February 2021







### 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:
  - $\circ$  eligibility
  - $\circ\,$  where they will be vaccinated
  - **o** follow-up vaccination appointments.







## What do you need to register?

- 1. Access to the internet on any device (cellphone, laptop, tablet, desktop etc.)
- 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.
- With all information at hand registration should take approximately
  2-3 minutes (Three steps)







### **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.

٢	Cell number (starting with 27)
I	083455sds88888
l	•

Cell number	must l	oe a vali	d number
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- 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)

### **EVDS Self Registration**



### health

Department: Health REPUBLIC OF SOUTH AFRICA

This is a registration portal for Health Care Workers enrolling on the Electronic Vaccine Data System.

All public, private, clinical and non-clinical healthcare workers should register.

Self register using ID

Use passport

### 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.



ID Number





# Landing Page (Using Passport)

### EVDS Self Registration

health



Department: Health REPUBLIC OF SOUTH AFRICA

Choose the country and your passport number (any characters allowed).

Country		-
Passport number	2 2	
	Self register using passport	

#### health Department: Health REPUBLIC OF SOUTH AFRICA



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



7

## **Step 1: General Information**

EVDS Self Registration		
Step 1: General information		
First name(s)		
Surname		
Date of birth 1978/01/28		
Gender -		
E-mail address		
Cell number (e.g. starting with 2782)		
Go back Next step		



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)

#### **EVDS Self Registration**

Step 2: Employment and Medical Aid

Job title	
Patient Facing	*
E.g. a HCW who interacts directly with patients	
Health professional	*
E.g. a HCW who must be registered with a statutory body e.g. Nursing Council)	
Medical aid scheme name	Ŧ
Medical aid number (optional)	



#### bealth Department: Health REPUBLIC OF SOUTH AFRICA



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



# Step 2: Employment & Medical Aid (2)

#### **EVDS Self Registration**

Name of primary employer		
Employer name is required		
Job title		
Patient Faci		
Yes		*
E.g. a HCW who interacts directly with p	patie	
Casualty /Accident and emerge	ncy	
Covid ICU / HC / WARD		
Emergency Medical Services (E	MS)	
General		
Medical aid scheme na		•
Medical aid number (optional)		

Please select whether you are **patientfacing 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)

#### **EVDS Self Registration**

Job title	
Patient Facing	
Yes	-
E.g. a HCW who interacts directly with patients	)
Patient facing type	
Emergency Medical Services (EMS)	•
Health professional	
Yes	*
E.g. a HCW who must be registered with a statutory body e.g. Nursing Council)	
Professional body registration number	
Practice number	

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)

Patient Facing	
Yes	-
E.g. a HCW who interacts directly with patients	
Patient facing type	
Emergency Medical Services (EMS)	-
Health professional	
Yes	*
E.g. a HCW who must be registered with a statutory body e.g. Nursing	g Council)
Professional body registration number	
Practice number	
Medical aid scheme name	
Medical aid number (optional)	



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**

### **EVDS Self Registration**

Step 3: Primary location of work	
Province	
Eastern Cape	•
District	
Nelson Mandela Bay	•
C Sub-district (Local municipality)	
Nelson Mandela A SD	-
C Health establishment	
Other	•
C Health establishment name	
Waves Clinical Centre	
C Work address	
Street Address, Suburb, Town, Code	
Go back Next step	

- 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**

EVDS Self Registration				
Terms and Conditions				
I agree to the terms and conditions as per the bottom of this page				
Comments (optional)				
Go back Submit registration				
✓ Terms and Conditions Click to read				

#### 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 <u>SAcoronovirus website</u>.
- 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.





