





# **EVDS Self Registration Portal User Manual**

**2 February 2021** 





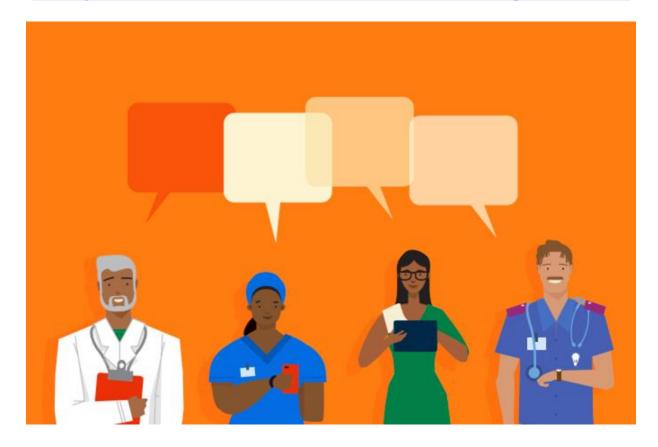


#### Who must register?

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:
  - 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)**







#### **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)

083455sds 88888

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.



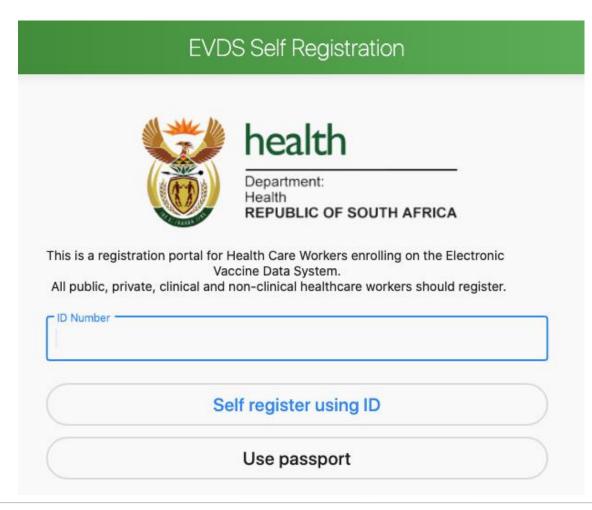




Next step

Go back

# 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

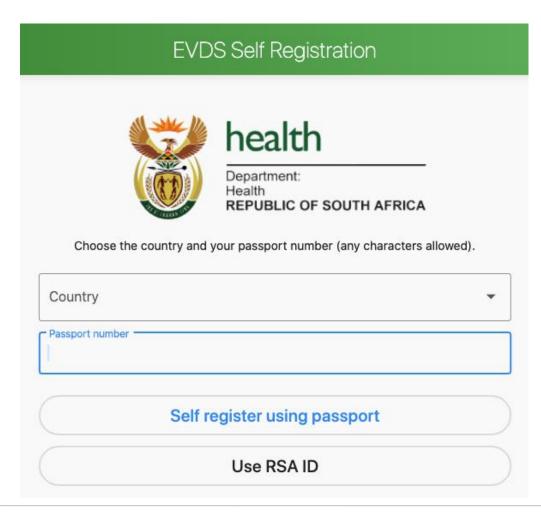
Please select 'Use passport' if you would like to use a non-RSA Passport to register.







## **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

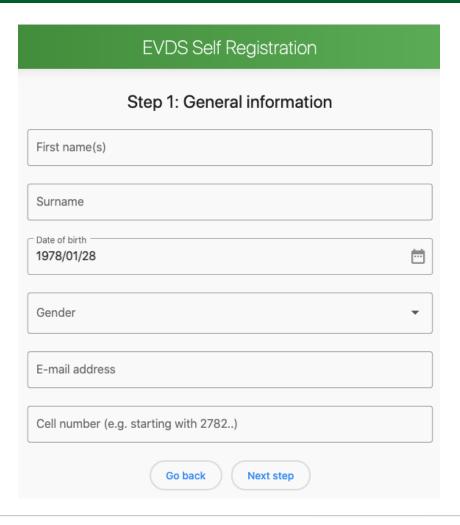
If you would like to use an RSA ID click 'Use RSA ID' to return to landing page







#### **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 code/ticket.

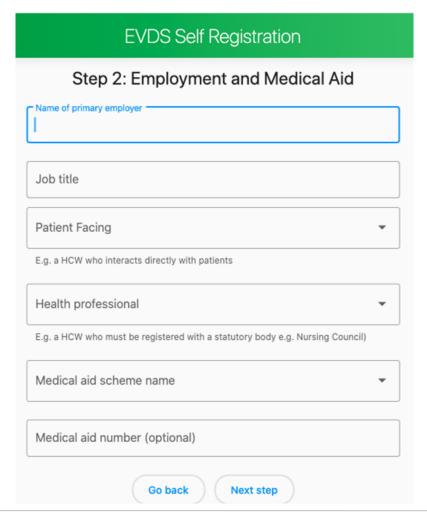
Please ensure your cell phone number is entered correctly, starting with 27 (Country code) and removing the initial/first 0







## Step 2: Employment & Medical Aid (1)



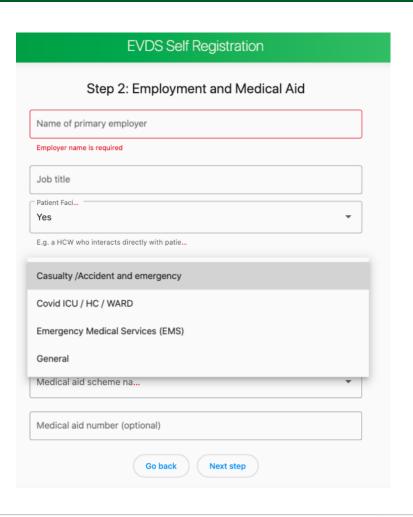
Please enter the name of your primary employer and job title.







## Step 2: Employment & Medical Aid (2)



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

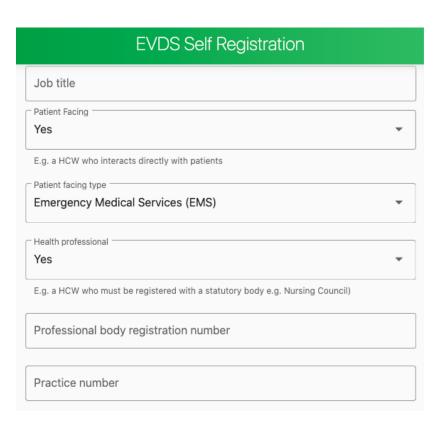
If you are patient facing, please select the **location in which you work with patients** from the dropdown list provided.







# Step 2: Employment & Medical Aid (3)



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).

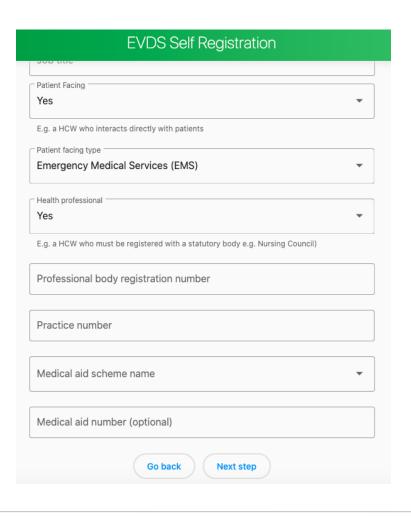
If you select **Yes** please enter your **Professional body registration number** and/or **Practice number**, as appropriate.







## 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.

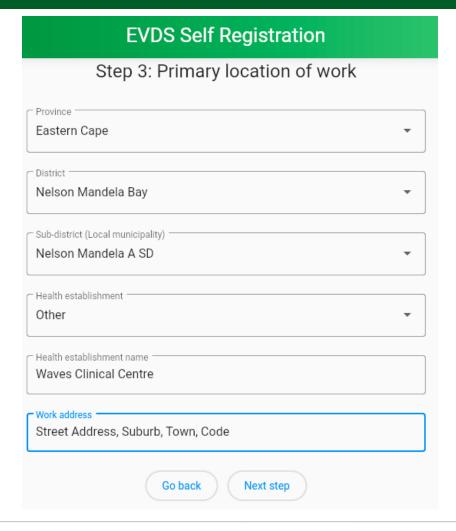
Once you've completed this, please proceed to '**Next Step**' (Step 3, Final Step)







## **Step 3: Primary Location of Work**



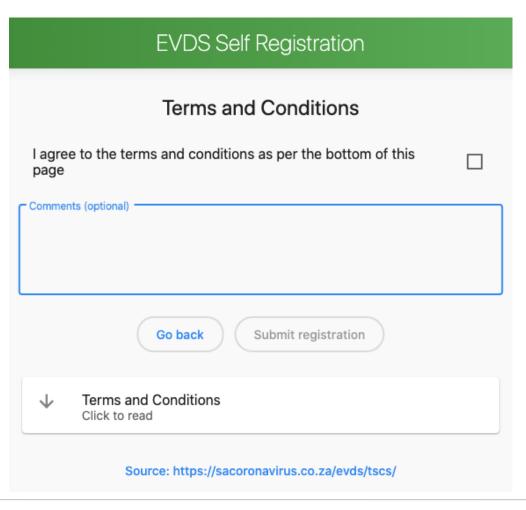
- Please select your Primary location of work including Province, District, Sub-District/Local Municipality.
- Please select your Health establishment from the dropdown list, or select 'other' if it is not listed.
- If you select 'other' please enter the name of your work location.
- Please enter the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







#### **Accept Terms & Conditions**



- 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.





