INSTRUCTIONS:

This file must be completed and attached for a New Joiner Request for the Swiftqueue Monkeypox Immunisation System.

Requests can be emailed to helpdesk@swiftqueue.com with the following subject line 'Monkeypox Immunisation System New Joiner'

And CC the following emails Deirdre.Horgan2@hse.ie and PaulaC.Hanley@hse.ie

New Joiner requests will be processed only when authorised by the relevant nominated approver. Please provide the name and contact details for the approver and include them in the body of the email.

Once the request is processed, each new joiner listed in this file will receive an email invite to activate their Swiftqueue Monkeypox account initially in the Test Demo System.

The activation link is only live for 2 hours and once expired, a new link has to be provided.

If the link has expired or a password reset link is required, send requests to helpdesk@swiftqueue.com

The user will initially have access to the Test Demo System and will be required to confirm that the following items has been completed:

1. Create a New Client
2. Add a referral for a client (as necessary for a PeP appointment or in the case of a PrEP appointment a referral must be created to capture a clinical note for adverse reaction)
3. Create an appointment for the client
4. Completed a vaccination appointment (this includes filling out the Consent & Eligibility form and the Attending form)

Once the above has been completed, please take a screenshot of the appointment details and send to helpdesk@swiftqueue.com requesting to be set up in the Production System

The request will be processed and the the new joiner will receive an email invite to activate their Swiftqueue Monkeypox account in the Production System.

DESCRIPTION OF THE FIELDS TO BE FILLED OUT:

FIRSTNAME	The requester given name. No salutations. Dr Mary Murhpy to be listed as Mary for firstname field.
LASTNAME	The requester family name.
MOBILE PHONE	The mobile phone number of the applicant in the international format 003538X1234567
WORK EMAIL	The work email address of the requester (e.g. joe.bloggs@hse.ie)
PROFILE	Must be selected from the available list - Vaccinator or Ops Administrator.
CLINIC	The Clinic where the Vaccinator or Ops Administrator will be vaccinating or booking an appointment in.
PROFESSIONAL NUMBER TYPE	Vaccinators only - the professional number type **must** be selected from the available list (CORU, Dentist, MCRN, NMBI, Other, PHECC, PSI)
PROFESSIONAL NUMBER VALUE	Vaccinators only - the professional number value (PIN) **must** be inputted - input the alphanumeric value of the individual's professional number

***Please do not edit the above and fill out your information in the Application Form tab instead.**

FIRSTNAME	LASTNAME	MOBILE PHONE (003538XYYYYYYY)	WORK EMAIL ADDRESS	PROFILE	CLINIC	PROFESSIONAL NO. TYPE	PROFESSIONAL NO. VALUE
JOE	*BLOGGS*	*353891234567*	*JOE.BLOGGS@HSE.IE*	***Vaccinator***	***Citywest Vaccination Clinic***	***NMBI***	***1sdf125***
MARY	*BLOGGS*	*353891234567*	MARY.BLOGGS@HSE.IE	***Ops Administrator***	***GMHS Vaccination Clinic***		