Username

Password

Log in

Forgot your password?   Register

You are being invited to register on the COVID-19 vaccination system as a Healthcare Worker. **Please do not share this link.**

👤 First Name

👤 Last Name

✉ Email

Sign Up

Already have an account?

Note. During sign up, please enter an email address which you have immediate access to and which will be used on the COVID-19 vaccination system to contact you about future appointments.

NOW, CHECK YOUR EMAIL

Check your email account for instructions on setting your password.

Remember to look in your spam or junk folder, where automated messages sometimes filter.

Back to login

Change Your Password

Enter a new password for ████████@gmail.com.
Make sure to include at least:

- ○ 10 characters
- ○ 1 uppercase letter
- ○ 1 lowercase letter
- ○ 1 number
- ○ 1 special character ⓘ

* New Password

[   ]

* Confirm New Password

[   ]

[Change Password]

Password was last changed on 18/02/2021, 12:01.

Change Your Password

Enter a new password for ████████@gmail.com.
Make sure to include at least:

- ✅ 10 characters
- ✅ 1 uppercase letter
- ✅ 1 lowercase letter
- ✅ 1 number
- ✅ 1 special character ℹ️

* New Password

| ············· | Good |

* Confirm New Password

| ············· | Match |

Change Password

Password was last changed on 18/02/2021, 12:01.

COVID 19 FRONTLINE WORKERS REGISTRATION

Please follow the steps below to update your details and provide consent.

Existing Details

Name

First Name

██████

Last Name

██████

Email

██████@gmail.com

Enter Additional Details

*PPSN ⓘ

Complete this field.

*Date of Birth ⓘ

🗓

*Gender ⓘ

None ▾

*Ethnicity ⓘ

None ▾

Names

Middle Name

Mother's Birth Family Name

*This field is required for the correct aggregation of National Covid-19 reporting to Government

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[Next]

COVID 19 FRONTLINE WORKERS REGISTRATION

Please follow the steps below to update your details and provide consent.

Additional Contact Details

Alternate Email

alternate@email.com

*Mobile ⓘ

Note. Required format is 353 xx xxxxxxx or 44 xxxxxxxx

*This field is required for the correct aggregation of National Covid-19 reporting to Government

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COVID 19 FRONTLINE WORKERS REGISTRATION

Please follow the steps below to update your details and provide consent.

Address

* Address Type

| Place of residence | ▼ |

* Address Street

[   ]

* Address City

[   ]

Address Eircode

[   ]

* Address County

| None | ▼ |

* Address Country

| Ireland | ▼ |

*This field is required for the correct aggregation of National Covid-19 reporting to Government

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COVID 19 FRONTLINE WORKERS REGISTRATION

Please follow the steps below to update your details and provide consent.

GP Details

*If you do not have a GP or do not wish to share those details at this time, please tick the below Checkbox. Note: Any previous selected GP information will be not be saved.

Search GP

☐ Not registered with a GP

*This field is required for the correct aggregation of National Covid-19 reporting to Government

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Add GP

Please fill in GP details below and click 'Find GP'. After you select a GP, please click 'Submit'.

| GP Name |
| Surgery Name |
| wexford | Find GP | Submit |

If you cannot find the requested GP, please refine your search.

SELECT	GP_NAME ↑	SURGERY_NAME ↑	ADDRESS ↑
○	Dr. Aideen Moroney	Dr John Curran	Newbawn, Co. Wexford, Y35 NW62
○	Dr. Carlotta Boselli	Slaney Medical Centre	Templeshannon, Enniscorthy, Co. Wexford, Y21 W2C4
○	Dr. Claire Fahy	The Hooper Medical Centre	Rathaspeck, Wexford, Y35 EF85
○	Dr. Damien McCarthy	Dr John Cox	Fethard-on-sea, Co. Wexford, Y34 AY27
○	Dr. David Curtis	Sunnyside Medical Centre	Saint Joseph's, Waterloo Road, Wexford, Y35 T3YV

COVID 19 FRONTLINE WORKERS REGISTRATION

Please follow the steps below to update your details and provide consent.

Job Specific Details

* Type of Account

[▼]

* Priority

[▼]

* Occupation

[-- none selected --   ▲▼]

*This field is required for the correct aggregation of National Covid-19 reporting to Government

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COVID 19 FRONTLINE WORKERS REGISTRATION

Please follow the steps below to update your details and provide consent.

Job Specific Details

* Type of Account

[Frontline Healthcare Worker   ▼]

* Priority

[Frontline Healthcare Worker-2b-Unscheduled care in an uncontrolled environment   ▼]

* Occupation

[Other   ▲▼]

*This field is required for the correct aggregation of National Covid-19 reporting to Government

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COVID 19 FRONTLINE WORKERS REGISTRATION

Please follow the steps below to update your details and provide consent.

Primary Health Care Facility

*Please select the Primary Health Care Facility where you work at.

[Search   ]   [-Select County-   ▼]   [-Select Type-   ▼]   Find   Reset

*This field is required for the correct aggregation of National Covid-19 reporting to Government

If you are unable to find the Primary Health Care Facility where you work, please press the Reset button and enter the Search text "CHO Area", Then press the Find button and select your local CHO Area.

Previous   Next

COVID 19 FRONTLINE WORKERS REGISTRATION

Please follow the steps below to update your details and provide consent.

Primary Health Care Facility

*Please select the Primary Health Care Facility where you work at.

| CHO Area | -Select County- ▾ | -Select Type- ▾ | Find | Reset |

Select	Healthcare Facility	County	Type
○	CHO Area 1 - North West (Cavan Donegal Leitrim Sligo West Monaghan)	Donegal	Community Group
○	CHO Area 2 - West (Galway Mayo Roscommon)	Galway	Community Group
○	CHO Area 3 - Mid-West (Clare Limerick North Tipperary)	Limerick	Community Group
○	CHO Area 4 - South West (Cork Kerry)	Cork	Community Group
●	CHO Area 5 - South East (South Tipperary Carlow/Kilkenny Waterford Wexford)	Kilkenny	Community Group
○	CHO Area 6 - Dublin South (Dublin Wicklow)	Dublin	Community Group
○	CHO Area 7 - Dublin West (Dublin Kildare)	Kildare	Community Group
○	CHO Area 8 - North East (Laois Longford Louth Offaly Westmeath)	Meath	Community Group
○	CHO Area 9		

*This field is required for the correct aggregation of National Covid-19 reporting to Government

If you are unable to find the Primary Health Care Facility where you work, please press the Reset button and enter the Search text "CHO Area", Then press the Find button and select your local CHO Area.

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Thank you. You have successfully updated your key details.

Next

Immunisation Consent for ▮▮▮▮▮▮

Consent Details:
*

○ YES

Yes, I consent to the vaccination with COVID-19 vaccine. I have read and understand the vaccine information provided here, including known side effects.

○ NO

No, I do not consent to be vaccinated to protect against Covid 19, I have read and understand the accompanying vaccine information here, including risks of not vaccinating.

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Immunisation Consent for ▮▮▮▮▮▮

Consent details have been updated

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COVID 19 FRONTLINE WORKERS REGISTRATION

Please follow the steps below to update your details and provide consent.

Medical Eligibility Assessment

See further information in the patient information leaflet

* Have you had Anaphylaxis (serious systemic allergic reaction requiring medical intervention) following a previous dose of the vaccine or any of its constituents?

○ Yes
○ No

If yes, you are not eligible for vaccination at this time.

* Have you been diagnosed with COVID-19 within the last four weeks?

○ Yes
○ No

If yes, you will not be eligible for vaccination until four weeks after your COVID-19 symptoms finish.

* Have you had another vaccine within the last 14 days?

○ Yes
○ No

If yes, you will not be eligible until 14 days after your last vaccination.

* Do you have a bleeding disorder or are you on anticoagulation therapy?

○ Yes
○ No

For information purposes only. Does not affect eligibility.

[Next]

Medical Eligibility Assessment

☑ You are eligible for the vaccine.

[Finish]

Thank you for registering with the COVID-19 vaccination system.

As a frontline healthcare worker, the COVID-19 vaccination service will be available at your facility and you will be contacted.