## **SWEP Administration Log In**

Log into the website portal at the below link;

https://swep.bhs.org.au/account.php

To log in you user name is your registration number (this would be in the automated email you received when you registration was approved & will start with an A) or your nominated email address.

Use the temporary password sent with the above-automated email

Once logged in to submit an application click on Submit new Form

File Edit	https://swep.bhs.org.au/accor <u>View</u> F <u>a</u> vorites <u>T</u> ools <u>H</u> elp	nt_php 🔎 🗧 📽 💱 IBM WebSphere Portal Hom 💱 View clients - Assist v1.8.1 🔰 SWEP Call Centre Messenge 🧭 Dashboard   SWEP 🗙 🏠 🛧 S							
	Logged in as Sue Vincent. Logout								
	Skip to Content Consumer information & feedback 🔮 🕘 🔄 (1) 🍪 (1) 🕲 (2) C A A A CALL US ON 1300 747 937 📞 Search Site Q								
	HOME FOR INDIVIDUA	LS FOR PRESCRIBERS FOR SUPPLIERS PROGRAMS & SERVICES NEWS & EVENTS ABOUT LINKS CONTACT							
	Find single applic Search term Filter applications Form status	Form identifier  FIND APPLICATION Prescriber Reissue Database Picklists & Catalogue Other Relevant Documents Other Relevant Documents							
		ORDER BY       Date submitted newe:       Finalised forms         Withdrawn forms       Withdrawn forms         My prescriber level       My profile         Validation requests       Log out         t below to view the details or add relevant files to your submission.       Log out							
	Work: if willing forms an now be found by clicking the Finalized forms' link in the menu to the right         SUBMIT NEW FORM         #VK55DPUKRX       Beds, Pressure Care ADULT A&EP - Test       VALIDATING AMENDMENT REQUESTED DATE CREATED: 14/03/2017								
	#FBXUBQKHE9 Ortho	tics ADULT A&EP - Test Test RECEIVED (14/03/2017)							

This will bring up a list of prescription forms you can choose from. Click on the appropriate form you require.

(← ⊖) @ https://swep.bhs.org.au/account.php	👫 IBM WebSphere Port 🔣 View clients - Assist v 🌞 SWEP Call Centre M	Ie 🥝 Dashboard   SWEP 🖉 Dashboard   SWEP 🗙 🏠 🔅										
File Edit View Favorites Tools Help												
Logged in as Sue Vincent. Logout												
	Skip to Content 🛛 Consumer information & feedback 🛛 🚳 🤷	🗙) 🏶 🕩 😋 😌 💭 🗛 🗛										
SLUEÒ												
State-wide equipment program	BATH TOILET	Search Site Q										
	BEDS, PRESSURE CARE											
HOME FOR INDIVIDUALS FOR PRESCR	DEDS, FRESORE CARE	ENTS ABOUT LINKS CONTACT										
	CONTINENCE AIDS											
Find single application	DOMICILIARY OXYGEN	Prescribers										
Search term	ELECTRONIC VOICE AIDS	Prescriber Reissue Database										
		Picklists & Catalogue Other Relevant Documents										
Filter applications	ENVIRONMENTAL CONTROL UNIT	Prescriber Newsletters										
		<u>Clinical Advisors</u>										
Form status 🕑 Form t	HOME MODIFICATION	Useful Links Website Portal FAQ										
	LOW COST											
		My Account										
	ORTHOTICS											
		<u>My forms</u> Finalised forms										
	PERSONAL USE ITEM	Withdrawn forms										
	SPECIALISED SEATING	My prescriber level My profile										
In complete forme		Validation requests										
Incomplete forms	TRANSFER EQUIPMENT	Log out										
Click on a form in the list below to view th Note: finalised forms can now be found by clicking the 'Finalised forms' lit												
	VEHICLE MODIFICATIONS											
SUBMIT NEW FORM	WALKING AIDS											
#VK55DPUKRX Beds, Pressure Care AD	WHEELCHAIR SCOOTER											
Test Test												
	_											
#FBXUBQKHE9 Orthotics ADULT A&EP - T https://swep.bhs.org.au/account-form.php?f=8	Test Test RECEIVED (14/03/2017)	· · · · · · · · · · · · · · · · · · ·										
and a set of the set o												

A pop up box will then show asking if you want the auto save feature turned on. This means it will save you work every 30 seconds automatically for you.



From here, you go in and fill out the prescription form details, once completed you choose to save as Draft, this button is at the end of the prescription form.

You can save as draft at any stage its only once you go to submit that it will tell you if you have missed any mandatory fields.

Once you have completed the prescription form & saved it as a draft you can then choose to submit the application. If fields are missing, it will tell you and you can go back to the prescription form and the missing fields will be highlighted red.

Once the prescription form is completed at the bottom of the form, it will have your details under prescribing therapist details.

To send to the SWEP prescriber under the validating prescriber section please tick I have a validating prescriber and then you are required to enter their prescriber number and name.

**\*\* Please** note you should never choose to send the script to a SWEP Clinical Advisor, this option is only for SWEP registered prescribers, we are looking to remove this option in further upgrades of the website, so in future you will only be able to choose I have a validating prescriber. **\*\*\*** 

	form.php? 🔎 – 🔒 🖒 🌃 IBM WebSphere Port 💹 V			🏉 Form - Bath Toile 🗙	តិ វ		
Edit View Favorites Tools Help	різсть мпону тезропзіріе тог спе закаріш	ty or the prescribed Assistive re	annoiogy within this Fre	escription			
Prescribing Org. *	SWEP	Prescriber level	Adult -				
Contact details for querie	es related to application						
Phone Number *	0353338136	Mobile Phone					
Email *	sussan.vincent@bhs.org.au						
Validating Prescribe	er *						
	that require a validating prescriber as you		sufficient. Alternatively	, you can request tha	it		
SWEP refer your application to a Clinical Advisor (if a validating prescriber is not available). This form needs to be validated by a Green rated prescriber.							
<ul> <li>I have a validating prescriber</li> <li>SWEP Refer to Clinical Advisor</li> </ul>							
Once you submit this form, you'll be given instructions to either print off your form to take to the validating prescriber, or send it to the email.							
ernan.							
Registration No. (SWEP	O9230	Name	Hana hey				
ID)	✓ ELIGIBLE VALIDATING PRESCRIBER		Hand hey				
SAVE DRAFT							
FOR INDIVIDUALS	FOR PRESCRIBERS		FOR SUPPLIER				
Information Programs & Services	Prescriber Reissue Database Picklists & Catalogue	Newsletters and Information Clinical Advisors	Contracted Su Vendor Form	ppliers			
Check Application Status	Other Relevant Documents	Login / Register	Quote Templa	te			
		Submit an Application					
	Program (SWEP). All rights reserved.			t Health Services your health first The Picco To Be			
<u>Start Login</u> <u>Privacy Policy</u> <u>D</u>	visclaimer Contact Us WEBSITE BY 61 DESIGN						

Then Save as Draft & then choose to submit application.

Your application has now been submitted successfully to your nominated SWEP registered prescriber.



The SWEP Registered prescriber will receive an email notification that the prescription form is there. They then go in and review and the submit the application to SWEP.

As the status of the application changes you will receive email notifications to advise you.

Under your administration log in you will be able to from the home page under My Account click on My Forms and you will be able to view all forms you have sent to you your validating prescriber.