



# ServiceNow SWEP Database

Practitioner User Guide



citadel health  
MANAGING COMPLEXITY



---

## Contents

|   |    |
|---|----|
| Introduction .....                      | 4  |
| New Practitioner Registrations .....    | 4  |
| Practitioner Organisation Details ..... | 8  |
| Professional Memberships.....           | 12 |
| Credentialing Requests .....            | 16 |
| Applications.....                       | 18 |
| Overview.....                           | 18 |
| About the Application Form.....         | 19 |
| Application Types .....                 | 21 |
| Create a New Application .....          | 22 |
| New Supplier Quote screen.....          | 28 |
| Add Quote Line Items.....               | 30 |
| Submit.....                             | 34 |
| Authorisation and Validation .....      | 34 |
| Authorisation .....                     | 34 |
| Validation .....                        | 36 |
| Copy an Existing Application .....      | 39 |
| Practitioner Cases.....                 | 41 |
| Application Escalation.....             | 41 |
| Application Transfer.....               | 42 |
| Appication Withdrawal .....             | 44 |

---

Document Control

|                        |   |  |                 |                      |
|------------------------|---|--|-----------------|----------------------|
| <b>Document Name</b>   | SWEP Servicenow Database Practitioner User Guide V2 |  |                 |                      |
|                        | <b>Author</b>                                       | <b>Publish Date</b>  | <b>Approver</b> | <b>Approval Date</b> |
|                        | S. Shields  | 5 June 2020  | S. Vincent      | 5 June 2020          |
| <b>Version Control</b> |   |  |                 |                      |
| <b>Version</b>         | <b>Author</b>                                       | <b>Summary of Change</b>   | <b>Approver</b> | <b>Approval Date</b> |
| v1.0                   | S. Shields  | Drafting of user guide   | S. Vincent      | 04/09/2018           |
| v1.1                   | S. Shields  | Update to prescriber cases   | S. Vincent      | 18/04/2019           |
| v1.2                   | S. Shields  | Update terminology from Prescriber to Practitioner                         | S. Vincent      | 19/06/2019           |
| v1.3                   | S. Shields  | Updated to include opt-in/out process for sharing with authorised agencies | S. Vincent      | 19/09/2019           |
| v2.0                   | S. Shields  | Updated cover page, disciplines, credentialing information and images      | S. Vincent      | 06/08/2020           |
| v2.1                   | S. Shields  | Screenshots updated  | S. Vincent      | 07/08/2020           |

## INTRODUCTION

Practitioners access the SWEP Database via the Practitioner Portal (<https://swep.servicenow.com/csm>) to do the following:

- Manage Practitioner Registration details
- Request an upgrade of their current credentials or re-credential with SWEP
- Create new applications for their consumers
- View the status of existing applications
- Request the escalation, transfer or withdrawal of an existing application

This user guide explains the processes required to complete the actions noted above.

## NEW PRACTITIONER REGISTRATIONS

All allied health, nursing, and domiciliary oxygen Practitioners must be registered with SWEP in order to have prescriptions accepted and acted upon. Practitioners will be registered as individuals and not as organisations.

All SWEP Practitioners will be allocated a traffic light colour which relates to the level of recognition SWEP gives to their experience and further education:

1. A **Green** therapist can prescribe commonly used item for consumers considered as non-complex.
2. An **Amber** therapist will have a higher level of expertise and education. The item they can prescribe and consumers they can prescribe for are more complex.
3. A **Red** therapist is recognised as an expert in their field. Prescriptions requiring the expertise of these therapists will be the most complicated, and the consumers the most complex.

To register with SWEP, Practitioners need to complete a two-step registration process before their request is reviewed.

1. From the **Practitioner** menu on the SWEP website, select **Practitioner Registration**:

The screenshot displays the SWEP Practitioner Portal interface. On the left, a blue sidebar menu lists: 'Information for AT Practitioners', 'AT Practitioner Portal', 'Reissue Database', and 'AT Practitioner Manuals'. The top navigation bar has three tabs: 'AT PRACTITIONERS', 'FOR SUPPLIERS', and 'PROGRAMS & SERVICES'. Under 'AT PRACTITIONERS', the 'AT Practitioner Portal Login' button is highlighted with a red rectangle. A red arrow points from this button to the 'Register' button in the 'I want to register with SWEP' section on the right. The main content area is divided into two sections. The left section, titled 'Login / I'm registered with SWEP', contains a login form with 'User name' and 'Password' fields, a checkbox for 'I understand and agree to the SWEP Policy', a 'Login' button, and a 'Forgot your password?' link. The right section, titled 'I want to register with SWEP', contains text explaining that all health professionals must register with SWEP and provides a 'Register' button. A red rectangle highlights the 'Register' button.

2. Click **Register**.
3. Complete all sections of the form.

**Note:** The “I agree to the SWEP Terms and Conditions” box must be ticked in order to submit the form.

4. Click **Submit**.

The system creates a Practitioner record, and sends a notification containing the username and temporary password so that the registration can be completed.

Hello

The account you requested for accessing the State-Wide Equipment Program (SWEP) system has been processed. You may now provisionally access the Practitioner Portal using the following link, user ID and password to complete your registration:  
<https://swepdev.service-now.com/csm/>

User ID:  
 Password:

You will find a user guide to our ServiceNow portal on our website [here](#).

For your registration and credentialing to be assessed and finalised, you must complete the following tasks:

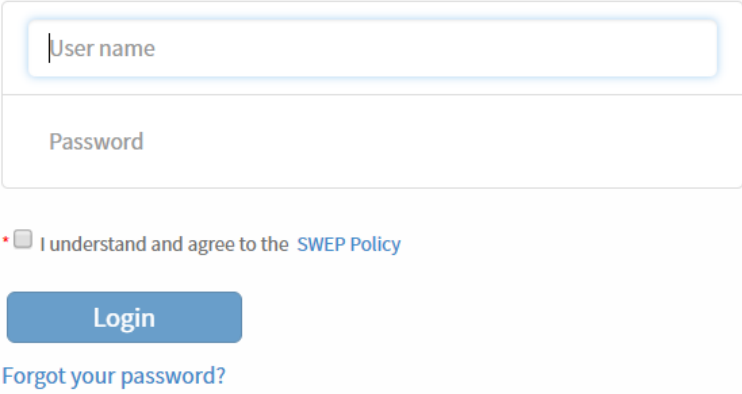
1. Complete registration profile
  - o Complete Practitioner Organisation Details
    - o Go to the 'Manage Registration Profile' section
    - o Find 'Practitioner Organisation Details' under 'Related Lists' at the bottom of the page
    - o Note that you will also be asked to indicate capacity and interest in service delivery related to external agencies
    - o Complete and save
    - o Click the SWEP icon (top left-hand corner) to return to the main portal page
  - o Complete Professional Memberships details
    - o Go to the 'Manage Practitioner Registration' section
    - o Find 'Professional Memberships Details' under 'Related Lists' at the bottom of the page
    - o You can add more than one professional registration/membership relevant to your registration with SWEP
    - o Complete and save
    - o Click the SWEP icon (top left-hand corner) to return to the main portal page
2. Complete initial credentialing
  - o Go to the 'Credentialing Request' section
  - o Select Initial Credentialing request type
  - o Follow [The Standard](#) that is specific to your profession and/or your area of practice which includes details of the evidence/documents to be submitted with your credentialing application. These are outlined in Table 1 of The Standard
  - o Attach relevant documents to this request

Once you have finalised your registration and submitted a credentialing request, SWEP will evaluate the evidence submitted against the credentialing Standard and advise you of the outcome.

Best Regards,  
 The SWEP Team

1. Using the link provided in the email notification navigate to the log on page and enter the User name and temporary password.

## Login



User name

Password

☐ I understand and agree to the [SWEP Policy](#)

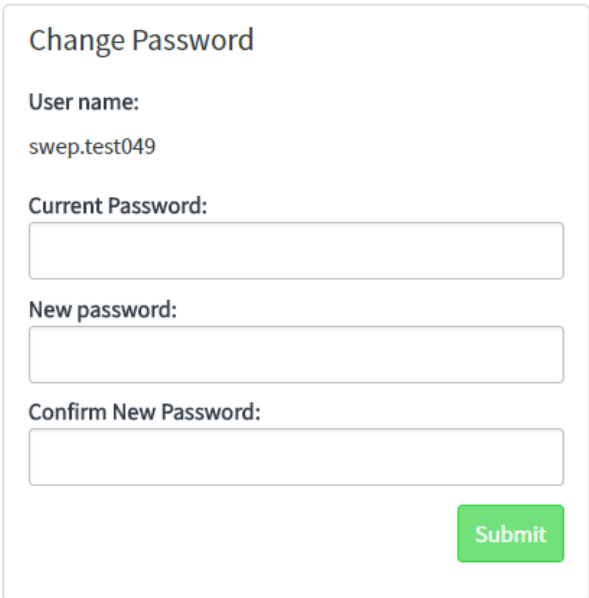
Login

[Forgot your password?](#)

2. The system will then prompt to reset the current password.

Note: passwords must be at least 8 characters in length and contain at least 1 capital letter and 1 number.

 System administrator requires you to change your password



Change Password

User name:  
swep.test049

Current Password:

New password:

Confirm New Password:

Submit

Once the new password is accepted by the system, the user will be taken to the Practitioner Portal with provisional access rights. Full access to the Practitioner Portal, including the ability to create and view applications will be granted upon review and activation of the Practitioner account by SWEP.



## SWEP Practitioner Portal

### Manage Registration Profile

View/update personal details, organisation details & view credential levels

### Make Credentialing Applications

Initial Assessments, Upgrades, Recredentialing

To complete the registration:

#### 1. Click **Manage Registration Profile**.

##### Practitioner

Practitioner ID

PRE0011351

SWEP ID

Status

Inactive

Title

Mr

\* Given name

Neville

\* Surname

Barrington

\* Gender

-- None --

\* Address

\* Suburb

\* State

VIC

\* Postcode

Related Links

[View linked accounts](#)

[Change password](#)

Related Lists

[Practitioner Organisation Details](#) | [Professional Memberships](#) | [Credentials](#) | [Agency Credentials](#)

\* Languages spoken

Disciplines

Occupational Therapist

Default organisation

\* Default email

nevilleb@example.com.au

☐ Is Administrative Support

Phone number

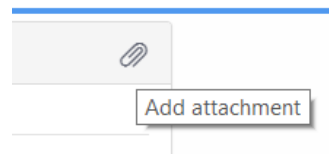
undefined

Mobile number

0412 345 678



2. Review the fields that to ensure that the details are correct (any fields in white can be edited).
3. If required to provide supporting documentation, use the paperclip icon at the top-right corner of the form to add attachments.



## PRACTITIONER ORGANISATION DETAILS

In order to complete applications through the SWEP Database, Practitioners are required to provide the details of Organisations through which they provide services.

SWEP has expanded its partnerships with other agencies and as part of this process, SWEP will be sharing information with these agencies about your work location, contact details and credentialing levels for different types of AT.

The information provided to these agencies will be used for the same reason that SWEP uses it; for the purposes of identifying credentialing levels for different types of AT and to facilitate the matching of suitably qualified and skilled AT Practitioners with consumers. These agencies may in turn contact you to see if you have current capacity to provide services in your area for a consumer.

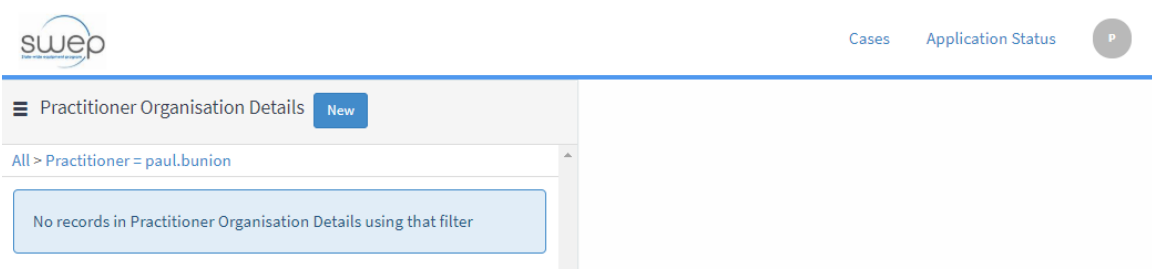
You may choose to opt out of sharing your information at any time by either unticking the box or deselecting the individual partnered agencies with which you do not want your information shared.

To add Professional Organisation Details and select make your sharing and capacity preferences:

1. At the bottom of the **Manage Practitioner Registration** form, under **Related Lists**, click on **Practitioner Organisation Details**.

Related Links  
[Change password](#)  
Related Lists  
[Practitioner Organisation Details](#) | [Professional Memberships](#)

This view will display all details for each Practitioner Organisation a Practitioner wishes to register under after they have been created.



2. Click **New**.

Practitioner Organisation Details - new record

Practitioner Organisation Details

\* Organisation

☒ Active

\* Practitioner

\* Phone

\* Email

\* Mobile Number

☐ Use Organisation Address

If your Organisation is not listed or the auto-fill address is incorrect, please call SWEP to have this amended.

\* Address Line

\* Suburb

\* State / Province

\* Post code

☒ I agree for my details to be shared with the below listed agencies.

\* List of agencies I agree to share my information with (click the x to remove an agency from the list)

☒ Transport Accident Commission

\* I have capacity to deliver services to the below listed agencies.

Yes

\* I have capacity to deliver services to the below listed agencies (click the x to remove an agency from the list)

☒ Transport Accident Commission

[View SWEP Consent to Share Information Disclaimer](#)

[Save \(Ctrl + s\)](#)

Required information: **Organisation** **Email** **Phone** **Mobile Number** **Address Line** **Suburb** **State / Province** **Post code**

3. Search the desired organisation by typing the name into the **Organisation** field. Click on the name once it appears on the list of suggested results.

\* Organisation

101 physio

A2Z Health Group

Ability Health Solutions

Ability Plus Disability Services

Ability Rehab

Abraham Occupational Ther.

ACare-OT Assessment and Si

\* Organisation

Swe

**SWEP**

SWEP - CAHO

SWEP Test 1

SWEP Test 2

SWEP Test 3

4. Complete the **Email**, and either the **Phone** or **Mobile Number**.

\* Email



☒ Active

\* Phone

\* Mobile Number

5. Complete the Address fields.

☐ Use Organisation Address

If your Organisation is not listed or the auto-fill address is incorrect, please call SWEP to have this amended.

\* Address Line

\* Suburb

\* State / Province

\* Post code

Alternatively, tick the **Use Organisation Address** box.

☒ Use Organisation Address

\* Address Line

\* Suburb

\* State / Province

\* Post code

6. The **I agree for my details to be shared with the below listed agencies** box is ticked, therefore opting Practitioners in, by default. To opt out, untick the box. This will clear the fields below.

☒ I agree for my details to be shared with the below listed agencies.

\* List of agencies I agree to share my information with (click the x to remove an agency from the list)

\* I have capacity to deliver services to the below listed agencies.

\* I have capacity to deliver services to the below listed agencies (click the x to remove an agency from the list)

☐ I agree for my details to be shared with the below listed agencies.

List of agencies I agree to share my information with (click the x to remove an agency from the list)

I have capacity to deliver services to the below listed agencies.

I have capacity to deliver services to the below listed agencies (click the x to remove an agency from the list)

You can opt-in but declare that you do not have capacity to deliver services. To do this, select **No** from the **I have capacity to delivery services to the below listed agencies** choice box.

\* I have capacity to deliver services to the below listed agencies.

I have capacity to deliver services to the below listed agencies (click the x to remove an agency from the list)

- You can read the Disclaimer by clicking the **View SWEP Consent to Share Information Disclaimer** hyperlink at the bottom of the form.

☒ I agree for my details to be shared with the below listed agencies.

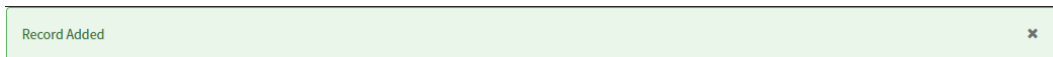
\* List of agencies I agree to share my information with (click the x to remove an agency from the list)

\* I have capacity to deliver services to the below listed agencies.

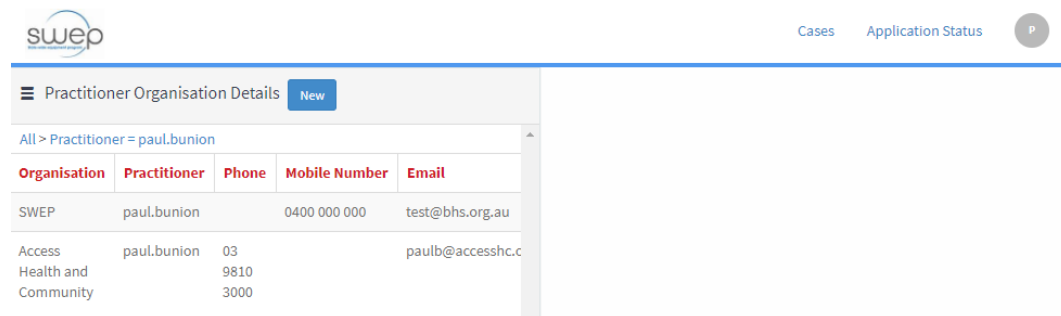
\* I have capacity to deliver services to the below listed agencies (click the x to remove an agency from the list)

[View SWEP Consent to Share Information Disclaimer](#)

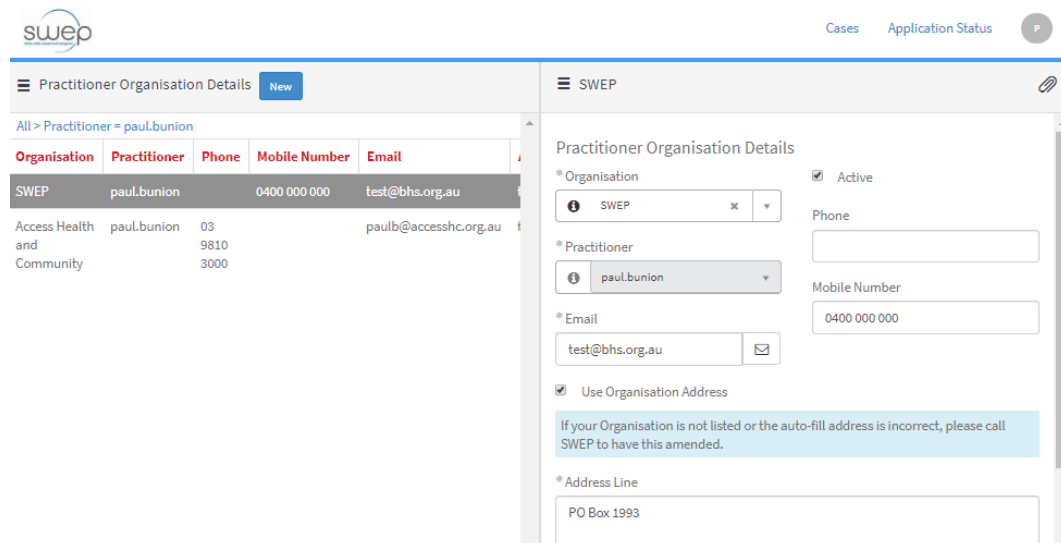
- Click **Save**. The system will confirm that the changes have been saved.



- Use your browser's back button to return Practitioner Organisation Details list. Repeat steps 1 – 8 as needed.



When you click on the newly added record, the detail will be displayed on the pane on the right side of the page.



- Again, use the browser's back button to return to the registration page. When you return to the Practitioner Profile main page, note that there is now a blue circle noting the number of Practitioner Organisation Details added in the previous step.

#### Related Lists

[Practitioner Organisation Details](#) **1** | [Professional Memberships](#)

## PROFESSIONAL MEMBERSHIPS

The steps to add Professional Memberships is very similar to what has just been done.

- From the **Manage Practitioner Registration** page, click on **Professional Memberships**.

swep

Cases Application Status P

Professional Memberships New

All > Prescriber = paul.bunion

No records in Professional Membership using that filter

- To add new membership details, click **New**.

Professional Membership - new record

Professional Membership

\* Prescriber  
paul.bunion

\* Professional organisation

\* ID

Expiry date

☒ Active

Save (Ctrl + s)

Required information: Professional organisation, ID

- Select the **Professional organisation** from the dropdown menu and enter the relevant **ID** (membership number).

\* Professional organisation

AHPRA  
ALA  
AOPA  
RACP  
Speech Pathology Australia  
TSANZ  
VicRoads

- Click **Save**. The system will confirm that the changes have been saved.

Record Added

- Use your browser's back button to return **Professional Memberships** list.

swep

Cases Application Status P

Professional Memberships New

All > Prescriber = paul.bunion

| ID        | Prescriber  | Professional organisation | Expiry date | Activ |
|-----------|-------------|---------------------------|-------------|-------|
| OT4535654 | paul.bunion | AHPRA                     | 30/06/2023  | true  |

- When you click on the newly added record, the detail will be displayed on the pane on the right side of the page.

swep

Cases Application Status P

Professional Memberships New

All > Prescriber = paul.bunion

| ID        | Prescriber  | Professional organisation | Expiry date | Activ |
|-----------|-------------|---------------------------|-------------|-------|
| OT4535654 | paul.bunion | AHPRA                     | 30/06/2023  | true  |

OT4535654

Professional Membership

\* Prescriber  
paul.bunion

\* Professional organisation  
AHPRA

\* ID  
OT4535654

Expiry date  
30/06/2023

- Repeat the previous steps for each membership to be added to the profile. Again, use the browser's back button to return to the registration page.
- When all Practitioner Organisation Details and Professional Memberships have been added, click **Save** at the bottom of the form.

A green system message will be displayed which noting that the minimum requirements to have their registration assessed have been met.



Prescriber profile meets minimum requirements. Please submit a Credentialing Request to complete registration.



1/5

Updated

123 Fleet Street

\* Suburb



Ashburton



\* State

VIC



\* Postcode



3147



Phone number

03 3210 0123

Mobile number

0412 345 678

Related Links

[Change password](#)

Related Lists

[Practitioner Organisation Details](#) <sup>2</sup> | [Professional Memberships](#) <sup>1</sup>

Save (Ctrl + s)



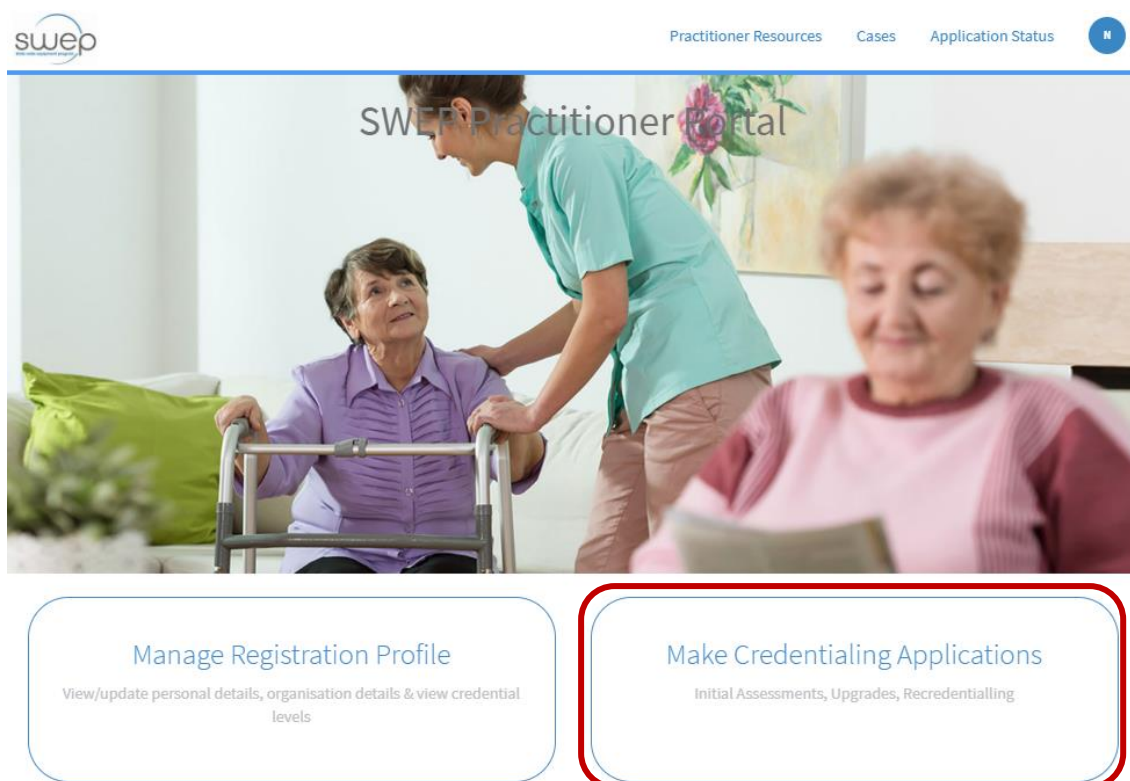
## CREDENTIALING REQUESTS

When a Practitioner registers with SWEP for the first time, they are given base credentials for their discipline at the Green level, if they hold less than 5 years' experience in Assistive Technology (AT).

Practitioners holding 5 or more years' experience in AT have the option of requesting credentials at an elevated level (either Amber or Red) when they first register. This is done through the Practitioner Portal by lodging a Credentialing Request for Initial Assessment.

To apply for an elevated credential level, Practitioners are required to attach a cover letter outlining their training and experience, a detailed CV and a completed Appendix 3 - Application Form for Upgrade, Re-credentialing or Initial Assessment of Practitioner Level for Experienced Clinicians. They must ensure they meet the requirements in Table 3 of The Standard before submitting a request.

1. From the Practitioner Portal homepage, click on **Credentialing Request**.



2. Select the appropriate option.


### Request type



- ☒ Initial assessment
- ☐ Upgrade
- ☐ Recredentialing


3. Click on the paperclip icon to attach supporting documentation.



- Attached documents will appear at the bottom of the form.

 **The\_Standard\_Appendix\_3\_Form\_Update.docx** (36.3 KB)  
just now

 Add attachments

- Click **Submit** (right side of the form).

Home > Ticket Form Search

Credentiailling Request - Initial assessment for paul.bunion

Type your message here... Send

PB

Paul Bunion  
2m ago  
**The\_Standard\_Appendix\_3\_Form\_Update.docx**  
36.3 KB

PB

Paul Bunion  
just now  
CS0007773 Created

Start

Your request has been submitted

|          |           |
|----------|-----------|
| Number   | CS0007773 |
| State    | New       |
| Priority | 4 - Low   |
| Created  | just now  |
| Updated  | just now  |



Options

Request type  
Initial assessment

Tickets are picked up within  
4 hours (M-F 9-5)

Location

Attachments

**The\_Standard\_Appendix\_3\_Form\_Update.docx**  
(36.3 KB)  
  
  
2m ago

When the form is submitted, the you will be able to view the status of the ticket, receive and reply to messages before you are notified of an outcome of your request.

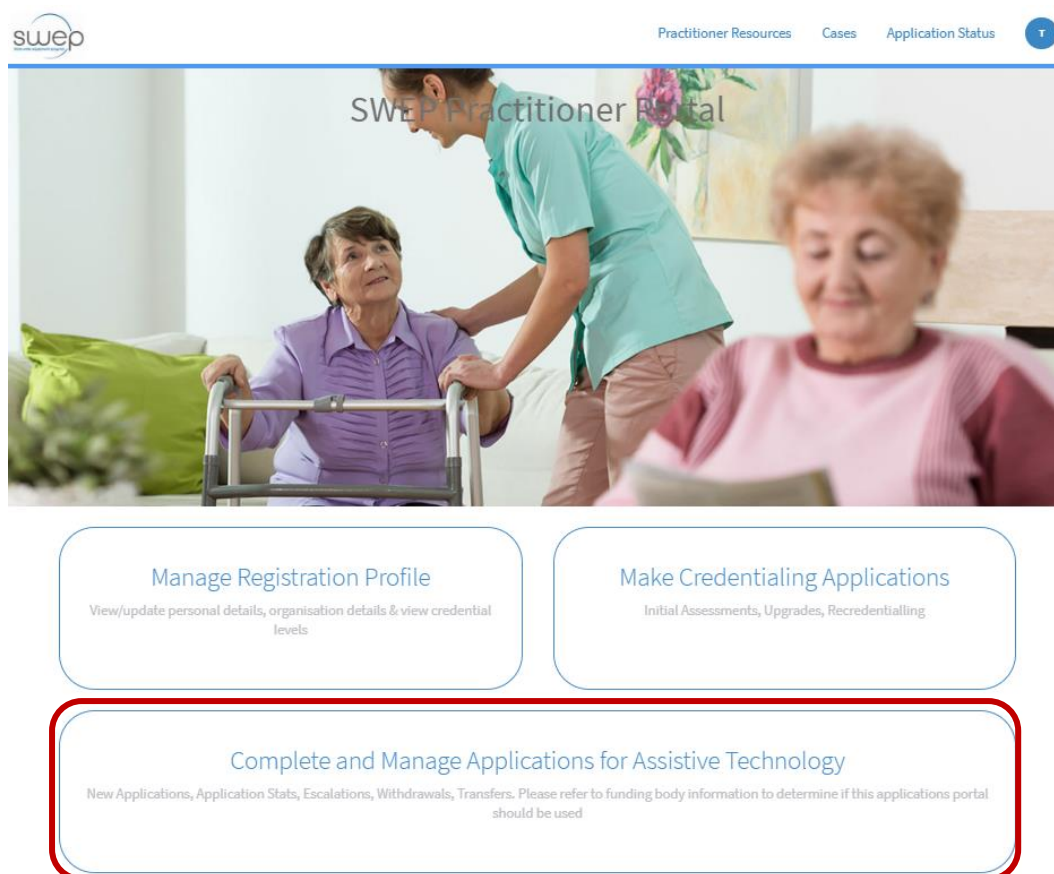
To check the status of the request, you can click on Cases from the top-right corner of the Practitioner Portal.

Practitioner Resources **Cases** Application Status N

Requests for the escalation, transfer and withdrawal of applications submitted by the Practitioner will also be listed here.

## APPLICATIONS

### OVERVIEW



The Practitioner Portal has been built to provide Practitioners with a simple interface where they can:

- Create new applications;
- View the status of existing applications that they created, or applications that they have been indicated as the Authorising or Validating Practitioner of; and
- Request the Escalation, Transfer or Withdrawal of one of their existing applications.



All applications created are dependent on the Practitioner's discipline:

| Disciple                                       | Item Categories  |
|--|--|
| Administrative Support                         | Bath & Toilet, Bedding, Compression Garments, Continence, Environmental Control Units (ECU), Home Modifications, Mobility Aids, Orthotics, Seating, Transfer, Vehicle Modifications, Voice Aids, Walking |
| Medical Practitioner                           | Continence, Electronic Control Units (ECU), Home Modifications, Mobility Aids, Orthotics, Seating, Transfer, Vehicle Modifications, Voice Aids, Walking  |
| Medical Practitioner (with specialist titling) | Oxygen   |
| Nurse Practitioner                             | Compression Garments, Continence   |
| Occupational Therapist                         | Bath & Toilet, Bedding, Environmental Control Units (ECU), Home Modifications, Mobility Aids, Orthotics, Seating, Transfer, Vehicle Modifications, Walking   |
| Orthotist/Prosthetist                          | Orthotics  |
| Other  |  |
| Physiotherapist                                | Bathing, Bedding, Mobility Aids, Orthotics, Seating, Transfer, Walking   |
| Podiatrist                                     | Orthotics  |
| Registered Nurse                               | Compression Garments, Continence   |
| Speech Pathologist                             | Laryngectomy, Voice Aids   |

## ABOUT THE APPLICATION FORM

The application is made up of the following sections:

| Section                         | Description  |
|---------------------------------|--|
| Application                     | Contains the Practitioner details for the application including Application Creator, Authorising Practitioner (if the creator is Administrative Support), and the Practitioner Organisation details.   |
| Pre-screening                   | Completions of this section determines whether the Practitioner can proceed with the application. Questions are dependent on the Item Category selected.   |
| Consumer Details                | Consumer personal details  |
| Secondary Contact / Next of Kin | Details of Consumer's contact. The system supports adding multiple contacts on the application. The Practitioner can also indicate whether the contact is a Primary contact who will be advised of the progress of the application once submitted. |
| Consumer Diagnosis              | Contains questions related to the consumer's diagnosis in relation to the item being requested in the application.   |

| Section                               | Description  |
|---------------------------------------|--|
| Consumer Expectation                  | Contains questions related to the expectation for the consumer in relation to the item being requested in the application.   |
| About the Item                        | Contains questions related to the type of request (New Item/Item, Replacement, Reissue, Modifications, Transfer or Ownership).   |
| Consumer Attributes                   | Contains fields to capture the results of assessments of the consumer related to the item being requested in the application. Assessment criteria include weight, height, skin integrity, cognition, support and environment, depending on Item Category selected. |
| DOM Oxygen – Assessment               | Replaces Assessment Characteristics when Item Category = Oxygen  |
| DOM Oxygen – Prescription/Other       | Contains questions related to current flow rates.<br>Is only displayed when Item Category = Oxygen   |
| Assessment and Clinical Justification | Contains questions to which answers provide broad and evidenced information which links the item/ items requested in the application to the recommended care plan and to the achievement of consumer goals.  |
| Implications of Non-provision         | Contains questions related to possible outcomes if the requested item is not provisioned   |
| Delivery Details                      | Allows the delivery details for the item to be noted as Practitioner, Consumer or Other. If Practitioner or Consumer are selected, the related fields are automatically populated based on values entered previously in the application.                           |
| Activities                            | Lists changes to the application including changes in status, notes from the SWEP AO and activity related to attachments.  |

Application - new record

Application

Pre-Screening

Consumer Details

Secondary Contact / Next of Kin

Consumer Diagnosis

Consumer Expectation

About the Item

Consumer Attributes

Assessment and Clinical Justification

Implications of Non-Provision

Delivery Details

Activities

Application Number

APP00118827

Status

Draft

Created

Sub status

Pending authorising pra...

\* Practitioner ID

PRE0011349

Previous Practitioner

Practitioner Name

Test Practitioner

\* Practitioner Organisation

Practitioner Phone

Practitioner Mobile

\* Practitioner Email

\* How will this application be funded

-- None --

\* Category

Cancel

Save (Ctrl + s)

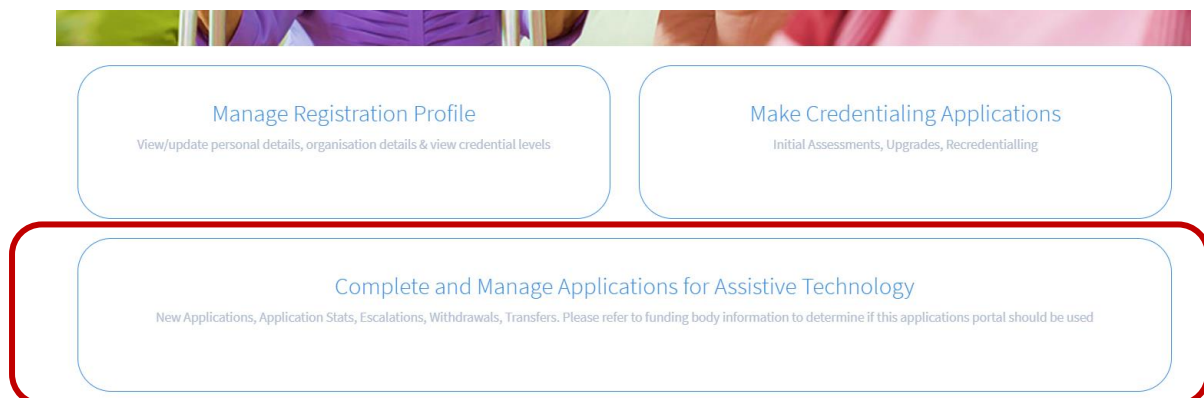
## APPLICATION TYPES

There are five (5) application types:

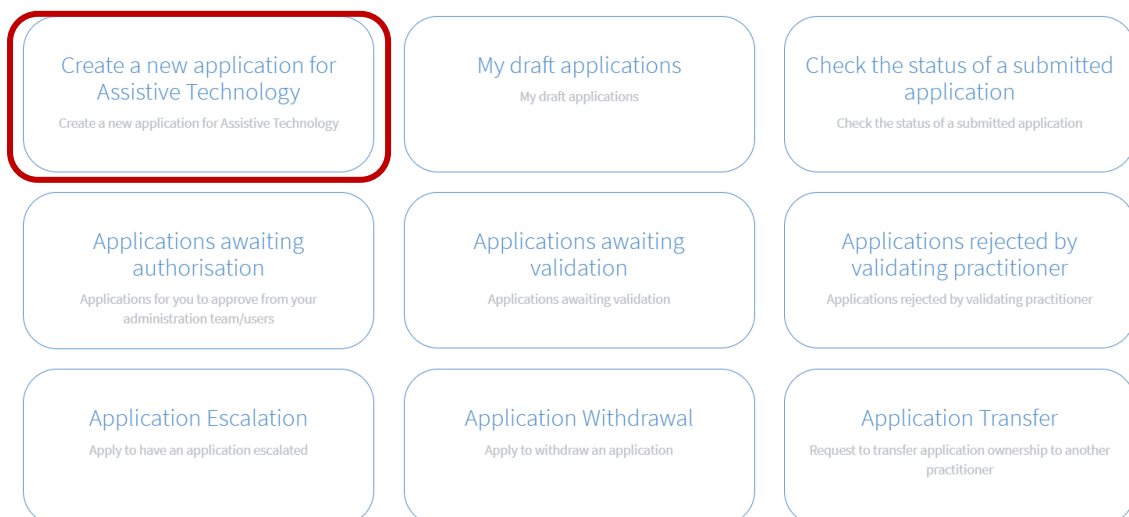
| Application Type                | Description   |
|---------------------------------|---|
| New Item / Item Request         | Request for new AT item to be procured for use by the consumer.   |
| Modification to Item            | Request for modifications to be made to existing item (e.g. modification of a manual wheelchair to add on a motor).   |
| Replacement Item / Item Request | Request for a piece of item that has been deemed no longer viable, which requires replacement.  |
| Reissue Item Request            | Request to use item / item(s) currently held in inventory by Chemtronics. Practitioners have been instructed to view the Chemtronics inventory and make a booking in their system as they need to provide a booking number to submit the application. |
| Transfer of Ownership           | Request to transfer the ownership of privately-owned item/item(s) to SWEP so that maintenance of said item/item(s) will be funded through of the programs.  |

## CREATE A NEW APPLICATION

1. Click **Complete and Manage Applications for Assistive Technology**.



2. Click **Create a new application for Assistive Technology**.



3. Complete the highlighted fields, then click Save.

Application - new record

Application

Pre-Screening

Consumer Details

Secondary Contact / Next of Kin

Consumer Diagnosis

Consumer Expectation

About the Item

Consumer Attributes

Assessment and Clinical Justification

Implications of Non-Provision

Delivery Details

Activities

Application Number

APP00118828

Status

Draft

Created

Sub status

Pending authorising pra...

\* Practitioner ID

PRE0011349

Previous Practitioner

Practitioner Name

Test Practitioner

\* Practitioner Organisation

Practitioner Phone

Practitioner Mobile

\* Practitioner Email

\* How will this application be funded

-- None --

\* Category

Cancel

Save (Ctrl + s)

- a. When completing Practitioner Organisation, only those that have been recording under Practitioner Organisation Details in the Practitioner Profile will be listed.

\* Practitioner Organisation

Aceso Rehabilitation

SWEP



- b. When a selection is made, the system will populate the remaining Practitioner fields on the form.

Practitioner Phone

Practitioner Mobile

0412 345 678

\* Practitioner Email

test@bhs.org.au

- c. After selecting a Category, the system will prompt to save the application in order to see the Picking List.

Please save the form before continue to pick list.

On Save, the **Continue to Picking List** and **Add Quote** buttons become visible.

Cancel Continue to Picking List Add Quote Discard Save (Ctrl + s) Submit Application

The Practitioner would continue on to complete the remaining sections of the application.

## THE PICKING LIST

Items visible in the Picking List are related to the chosen Category, and it can be viewed as either a list or in a tiled view:

Home > Application > Mobility Aids

List View

Mobility Aids

Wheelchairs/Mobility Scooters/Pressure Care

| Item  | SWEP ID | Description |
|---|---------|-------------|
| 5.0 - 10cm - Adjustable air   | X6A     |             |
| 5.0 - 10cm - Combinations air/foam/fluid/gel/some adjustment required/contoured | X6C     |             |

Mobility Aids

5.0 - 10cm - Standard air/gel...

X4B

5th Wheel: 5th Wheel w/ 3" ...

X1A3A1.74

5th Wheel: 5th Wheel w/ 4" ...

X1A3A1.75

7.5 - 10cm - Contoured

X6B

Views controlled here

To add an item to the cart:

1. Select the appropriate category from the **My Category** list.

My Category

Mobility Aids

1399

Manual Wheelchair

506

Power Wheelchair

7

Pressure Care Other

7

Pressure Cushion

858

Scooter

29

Stroller

1

2. Select an item from the list.

Pressure Cushion

5.0 - 10cm - Adjustable air

X6A

View Details

5.0 - 10cm - Combinations a...

X6C

View Details

5.0 - 10cm - Standard air/gel...

X4B

View Details

7.5 - 10cm - Contoured

X6B

View Details

Bariatric

X4B3

View Details

Bariatric - Quad Valve - Cont...

X4B5A19.01

View Details

Bariatric - Quad Valve - Cont...

X4B5A1.01

View Details

Bariatric - Quad Valve - Cont...

X4B5A16.01

View Details

Bariatric - Quad Valve - Cont...

X4B5A4.01

View Details

9 of 858

Show More

3. Enter the appropriate quantity then click **Add to Cart**.

Bariatric - Quad Valve - Contour - High Profile 4" Cell Height

Bariatric - Quad Valve - Contour - High Profile 4" Cell Height

SWEPID: X4B5A1.01

Special Notes:

53.3 x 39.4 cm to fit chair 22" x 16" / 55 x 40 cm

1 per UNIT

Quote Required: NO

Minimum Co-Payment Required: \$ 0

Supplied by: Eden Healthcare Solutions (Contract)

Manufactured by: Star

1

Add to Cart

4. Repeat the steps above for each item being requested for the application.

## REISSUE REQUEST APPLICATIONS

Where items are being requested from the Practitioner Reissue Database, the Practitioner is required to select Reissue from the Request type drop down in the About the Item section of the application.

### About the Equipment

\* Request Type

-- None --

-- None --

New Equipment / Item Request

Modification to Equipment

Replacement Equipment / Item Request

Re- Issue Equipment Request

Transfer of Ownership

\* As these are standard equipment applicable to

To add items to the application:

1. Click on **Continue to Picking List**.

Cancel

Continue to Picking List

Add Quote

Discard

Save (Ctrl + s)

Submit Application

2. In the search bar located in the top right-hand corner of the page, type "Reissue".

swep

Cases Application OT

Home > Application > Mobility Aids

Mobility Aids

Wheelchairs/Mobility Scooters/Pressure Care

Item

SWEPS ID

Description

My Category

Mobility Aids 1419

Manual Wheelchair 512

Key in and select item name

Reissu

Reissue - Mobility Aids-Pressure Cushion-Con

Reissue - Mobility Aids-Pressure Cushion-Air

Reissue - Mobility Aids-Manual Wheelchair-St

Reissue - Mobility Aids-Pressure Cushion-Sta

Reissue - Mobility Aids-Manual Wheelchair-Co

Reissue - Mobility Aids-Pressure Cushion-Air

Reissue - Mobility Aids-Power Wheelchair-Sta

Reissue - Mobility Aids-Manual Wheelchair-No

Reissue - Mobility Aids-Manual Wheelchair-I i

3. Select the appropriate item from those listed.
4. When the item form loads, enter the **Asset Number** and **Reservation ID** obtained from the Practitioner Reissue Database.

[Home](#) > [Application](#) > [Mobility Aids](#) > [Reissue - Mobility Aids-Scooter-Standard](#)

### Reissue - Mobility Aids-Scooter-Standard

Reissue - Mobility Aids-Scooter-Standard


SWEPID: **REI041**  
1 per EA  
Quote Required: NO  
Minimum Co-Payment Required: \$

Supplied by: **Chemtronics Biomedical Engineering**  
Manufactured by: **Chemtronics Biomedical Engineering**

\* Asset Number

\* Reservation ID

1

 Add to Cart

Required information

**Asset Number**


**Reservation ID**

Note: the Quantity is set to one (1) and is read-only.

5. Click **Add to Cart**.
6. Repeat steps 2 to 6 as required until all reissue items have been added to **My Picking List**.

#### My Picking List

Reissue - Mobility  
Aids-Scooter-  
Standard



Reissue - Mobility  
Aids-Scooter-  
Standard

Quantity: 1

7. Return to the application to complete any remaining sections.

## QUOTED ITEMS

When quoted items are selected and added to the cart, the system will note that addition action is required before the application can be submitted:

**My Picking List**

- Custom-made power wheelchair ✖  
Custom-made power wheelchair  
Quantity: 1  
**Missing attachment or quote details**
- Custom made power wheelchair customisation ✖  
Custom made power wheelchair customisation  
Quantity: 1  
**Missing attachment or quote details**
- Jay Ion 18 x 16" ✖  
Jay Ion  
Quantity: 1

Accessing the Quote screen can be done by either by clicking Add Quote on the application's main page (figure 1) or by clicking on the item from My Picking list, then clicking **Add Quote** (figure 2).

Cancel Continue to Picking List **Add Quote** Discard Save (Ctrl + s) Submit Application

Figure 1

Custom-made power wheelchair  
Custom-made power wheelchair

SWEPID: X7B  
1 per UNIT  
Quote Required: YES  
Minimum Co-Payment Required: \$ 0  
Supplied by:  
Manufactured by:

1  
Update Cart  
**Add Quote**

Figure 2

There are 3 steps to completing the quote:

1. Complete the quote screen;
2. Add the quote line items; and
3. Attach a copy of the supplier's quote.

## NEW SUPPLIER QUOTE SCREEN

The New Supplier Quote screen captures the general information from the supplier quote.

**New Supplier Quote**

Please fill in the quote details and attach quotation to the record. Quote Item with missing Quote details and/or Supplier Quote Attachment will cause validation error.

**Supplier Quote**

Number: QT0001061

Date:

Quote #:

Application: APP00015244

Cart Item:

**Supplier Details**

Supplier Name:

Contact Name:

Address:

Email:

BHS Vendor Registration No:

**Delivery Details**

Estimated Delivery Timeframe (no. of days to deliver item):

Do all Items meet relevant Aust Standards or Equivalent Yes/No:

Life Expectancy of Item:

**Quote Total**

Delivery Fee:

Total Amount (Excluding GST):

Delivery GST:

Total GST:

Delivery Total:

Total Amount (incl. GST):

In the **Quote Total** section, only the **Delivery Fee** and **Delivery GST** fields are editable. This is because the system will automatically calculate the Delivery Total, Total Amount (Excluding GST), Total GST, and Total Amount (incl. GST). Total Amount (Excluding GST), Total GST, and Total Amount (incl. GST) are calculated based on the amounts entered in the Quote Line items.

Complete the required fields (indicated by a red asterisk \*).

1. Enter the Quote # (refers to the number that appears on the supplier's quote).
2. Select the **Cart Item** that the quote relates to.

\* Cart Item

Custom made power wheelchair customisation

Custom-made power wheelchair

Contact Name

Note: the list is generated based on the items that require a quote that are currently in the cart. If both items appear on the same quote, they can both be added at this stage:

\* Cart Item

- × Custom made power wheelchair customisation
- × Custom made wedges/blocks/obliquity pads for postural support

3. Enter the **Supplier Name**, **Contact Name**, **Address** and **Email**. Enter the **BHS Vendor Registration No** if known.
4. Select the appropriate option for **Australian Standards or Equivalent**.

\* Do all Items meet relevant Aust Standards or Equivalent Yes/No

-- None --

|

-- None --

Yes

No

N/A

5. Complete the **Delivery Fee** and **Delivery GST** fields if the information has been supplied.
6. Click **Save** (or press CTRL + s).

## ADD QUOTE LINE ITEMS

After saving the Quote form, the **Supplier Quote Items** section will be visible.

QT0001061

Please fill in the quote details and attach quotation to the record. Quote Item with missing Quote details and/or Supplier Quote Attachment will cause validation error.

Supplier Quote

Number: QT0001061

\* Date: 01/08/2018

\* Quote #: 25254A

Application: APP00015244

\* Cart Item: × Custom made power wheelchair customisation

Supplier Quote Items

Add

No records in Supplier Quote Item using that filter

Practitioners are currently required to enter the main quote item to the application. In the example below, the Practitioner would only be required to enter the circled item(s):

| Item     | Description   | Qty | Price      | Total      | GST |
|----------|---|-----|------------|------------|-----|
| FOCUS CR | KI Focus CR Tilt In Space Manual Wheelchair<br>- Seat size 17"x 19"<br>- 16" Rear wheels<br>- Hand Tilt RHS<br>- 70 degree hangers<br>- Colour: Fushsia<br>- Seat rail height 16.5"<br>- Complies to Australian Standards<br>- Wheelchair Warranty Period 12 Months | 1   | \$4,865.00 | \$4,865.00 | 0 % |
| QEIXI    | Quickie iXpress Power Add On Unit<br>- 24V, 120W x 2 Motors<br>- Nimb Battery & Charger<br>- Attendant control only   | 1   | \$8,630.00 | \$8,630.00 | 0 % |
| FTTRNOPT | KI Focus Option - Transit Option (K0108)  | 1   | \$408.00   | \$408.00   | 0 % |
| FTBOP020 | KI Focus Option - Reclining Back w/ Adjustable Handle (31   | 1   | \$1,130.00 | \$1,130.00 | 0 % |
| K0040    | KI Focus Option - Angle Adj Footplates Newton style   | 1   | \$245.00   | \$245.00   | 0 % |
| FTACC004 | KI Focus Option - Growing Adjustable Aluminum Seat Pan  | 1   | \$140.00   | \$140.00   | 0 % |
| FTARM017 | KI Focus Option - Armrests Height Adj Dual Post Flip Back   | 1   | \$350.00   | \$350.00   | 0 % |
| FTCAS026 | KI Focus Option - Castors 6"x 2" Poly   | 1   | \$65.00    | \$65.00    | 0 % |

To add the quote line items:

1. In the **Supplier Quote Items** section, click **Add**.
2. A pop-up window will appear.

New Supplier Quote Item

Supplier Quote Item

Supplier Quote

QT0001061

x

\* Supplier Code

\* Description

\* Quantity

\* Total Line GST

0

Unit Price

Total Line Amount (excl. GST)

0

Save (Ctrl + s)

Required information

Supplier Code

Description

Quantity

3. Complete the required fields, then click **Save**.

The item will be listed in the Supplier Quote Items list.



### Supplier Quote

Number

\* Date

\* Quote #

Application

\* Cart Item  

Custom made power wheelchair customisation

Custom-made power wheelchair

### Supplier Quote Items

| Description                  | Quantity | Unit Price |
|------------------------------|----------|------------|
| KI Focus CR Tilt In Space Ma | 1        | 4,865      |

Rows 1 - 1 of 1

### Supplier Details

\* Supplier Name

\* Contact Name

\* Address

\* Email

BHS Vendor Registration No

### Delivery Details

Estimated Delivery Timeframe (no. of days to deliver Item)

\* Do all Items meet relevant Aust Standards or Equivalent Yes/No

Life Expectancy of Item



### Quote Total

|                                  |                                   |
|----------------------------------|-----------------------------------|
| Delivery Fee                     | Total Amount (Excluding GST)      |
| <input type="text" value="100"/> | <input type="text" value="4965"/> |
| Delivery GST                     | Total GST                         |
| <input type="text" value="10"/>  | <input type="text" value="10"/>   |
| Delivery Total                   | Total Amount (Incl. GST)          |
| <input type="text" value="110"/> | <input type="text" value="4975"/> |

## ATTACH A COPY OF THE QUOTE

The final step is to attach the copy of the supplier's quote to the quote form.

- Click on the paperclip icon (  ) on the top-right side of the form.

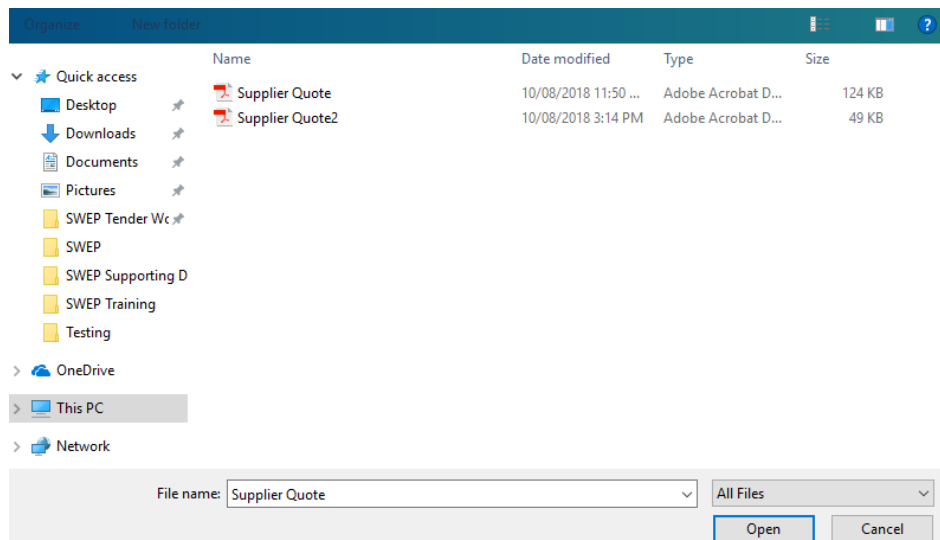



Supplier Quote Attachment will cause validation error.

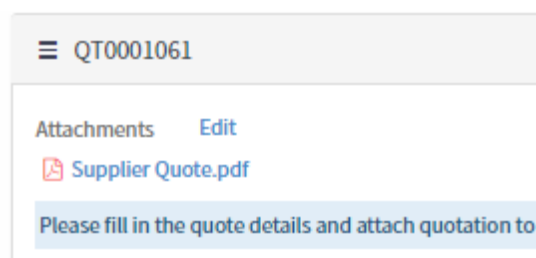
### Quote Items

|                | Quantity | Unit Price |
|----------------|----------|------------|
| nt Set Up - (€ | 1        | 100        |

- Select the appropriate file and click **Open**.



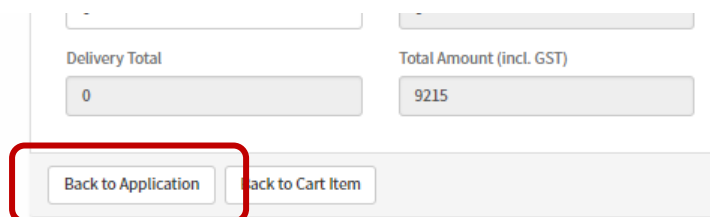
5. The attachment will be visible at the top of the form.



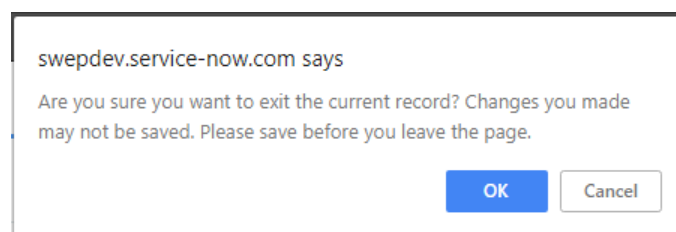
3. Save the form.



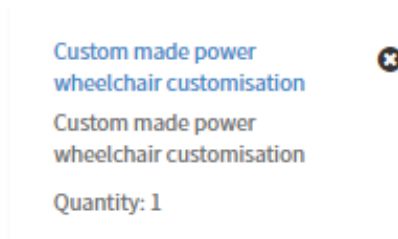
4. Use the **Back to Application** button at the bottom of the form to return to the application.



6. **Note:** the below pop-up will appear; click **Ok**.



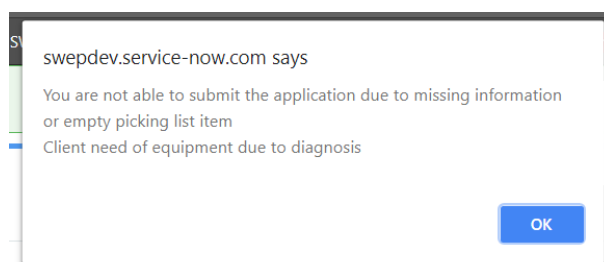
When the application loads, the item that the quote was added to no longer displays the red message:



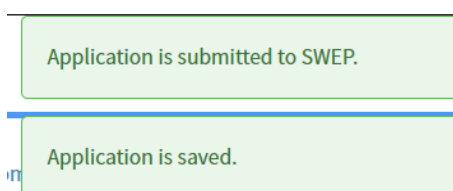
Repeat the steps outlined above for the remaining quoted items on the application. Proceed with the remaining application sections and submit the application per the normal process.

## SUBMIT

On submit, the system runs through a series of validations which verify that all mandatory fields have been completed. If any mandatory fields have not been answered, the following system pop-up will appear:



Once all mandatory fields have been completed, the system will display the green 'Application saved' and the 'Application submitted to SWEP'.



If the credentials held by the Practitioner submitting the application, they will be prompted to enter the credentials of a Validating Practitioner or request review by a Clinical Advisor (CA) through SWEP. See [Validation](#) for more information.

## AUTHORISATION AND VALIDATION

### AUTHORISATION

Administrative Support user are able to create applications on behalf of credentialed Practitioners, however they are unable to submit them for review by SWEP. Larger organisations will tend to have one or more Administrative Support users to assist in facilitating the creation of several applications, which alleviates some of the admin burden on the Practitioners.

Administrative Support Practitioners are required to enter the details of the credentialed Practitioner who will authorised the application for submission at the start of an application:

---

As you are Admin Prescriber,  
please enter in the Authorising  
Prescribers ID and confirm  
details are correct.

\* Authorising Practitioner ID

Authorising Practitioner Name

\* Authorising Practitioner  
Organisation

\* Authorising Practitioner Email

The **Category** field on the application will remain empty until the above fields have been completed:

\* Category

No matches found

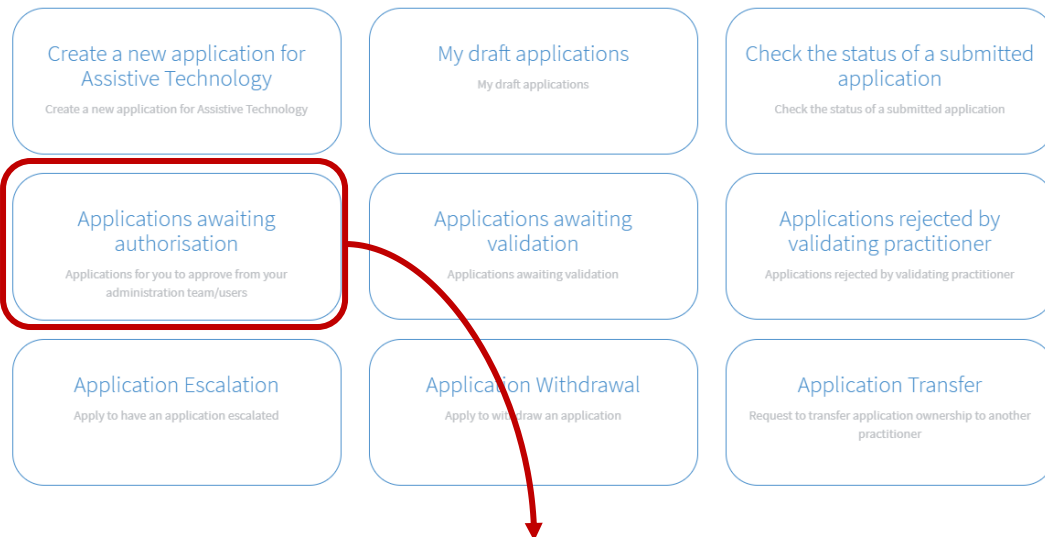
As with credentialed Practitioners, Administrative Support users can be registered under several Practitioner Organisations.

Upon completion, the **Category** field options will become visible:

\* Category

Bath & Toilet  
Bedding  
ECU  
Home Mods  
Mobility Aids  
NDIS Misc  
Orthotics

The application is then saved, and the normal process to complete it is followed up to the submission step. The Authorising Practitioner can view the application at any time by navigating to the Pending – authorisation Application menu:



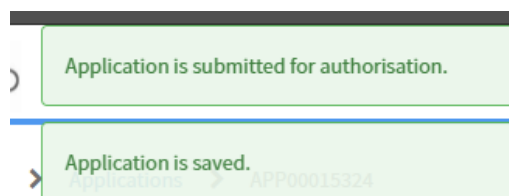
Applications New Keyword Search Q

All > Sub status = Pending authorising practitioner

| Number      | Given Name | Surname       | Category | Status                           | Sub status | Submit Date | Application Rating | Practitioner Name  | Authorising Practitioner Name | Validating Practitioner Name |
|-------------|------------|---------------|----------|----------------------------------|------------|-------------|--------------------|--------------------|-------------------------------|------------------------------|
| APP00118830 |            | Bath & Toilet | Draft    | Pending authorising practitioner |            |             | Green              | Jane Administrator | Test Practitioner             |                              |

< > Rows 1 - 3 of 3

When the Administrative Support user hits 'Submit', as system message will appear to confirm that the application sub-status has changed:



The system will also notify the Authorising Practitioner that the application is ready to be reviewed in full.

To authorise an application for submission:

1. Navigate to **Applications > Applications awaiting authorisation**.
2. Review the application in full to ensure that all of the information within is correct, including the cart items and quote, if applicable.
3. Click '**Submit**'.

The system will go through the validations to ensure that all mandatory fields have been completed, and will check that the Authorising Practitioner has the appropriate credential lever when they hit '**Submit**'.

## VALIDATION

If the Authorising Practitioner does not hold the appropriate credential level for the application, they will be prompted to either provide the details of a Validating Practitioner from their organisation, or request CA review of the submitted application.

Validation details required

This form needs to be validated by a Red rated prescriber.

☒ I have a validating prescriber

☐ SWEP Refer to Clinical Advisor

Validating Prescriber Registration No. (SWEP ID) \*:

Cancel

Note: the Submit button only becomes visible once the SWEP ID of an appropriately credentialed Validating Practitioner has been entered:

This form needs to be validated by a Red rated prescriber.

☒ I have a validating prescriber

☐ SWEP Refer to Clinical Advisor

Validating Prescriber Registration No. (SWEP ID) \*: OXY123

swep oxygen(sweptest1@bhs.org.au) does not have right credential to validate the application. Please re-enter the appropriate validating prescriber.

Cancel

This form needs to be validated by a Red rated prescriber.

☒ I have a validating prescriber

☐ SWEP Refer to Clinical Advisor

Validating Prescriber Registration No. (SWEP ID) \*: PRE0009102

Swep Test(sweptest@bhs.org.au) selected have Red credential and is able to validate application. Please submit if information is correct or cancel and contact SWEP Team if information is incorrect.

Cancel Submit

On Submit, the system will display the following message:

Application is submitted for validation

If the details of a Validating Practitioner have been provided, the application will be listed under the Application menu Application > Pending – Validation:

This form needs to be validated by a Red rated prescriber.

☒ I have a validating prescriber  
☐ SWEPS Refer to Clinical Advisor

Validating Prescriber Registration No. (SWEPS ID) \*: PRE0009102

SWEPS Test(sweptest@bhs.org.au) selected have Red credential and is able to validate application. Please submit if information is correct or cancel and contact SWEPS Team if information is incorrect.

Cancel
Submit

To validate an application:

1. Navigate to **Application > Applications pending validation.**

Create a new application for Assistive Technology

Create a new application for Assistive Technology

My draft applications

My draft applications

Check the status of a submitted application

Check the status of a submitted application

Applications awaiting authorisation

Applications for you to approve from your administration team/users

Applications awaiting validation

Applications awaiting validation

Applications rejected by validating practitioner

Applications rejected by validating practitioner

Application Escalation

Apply to have an application escalated

Application Withdrawal

Apply to withdraw an application

Application Transfer

Request to transfer application ownership to another practitioner

≡ Applications New
Keyword Search

All > Sub status = Pending validating practitioner

| Number      | Given Name | Surname | Category      | Status | Sub status                      | Submit Date         | Application Rating | Practitioner Name | Authorising Practitioner Name | Validating Practitioner Name |
|-------------|------------|---------|---------------|--------|---------------------------------|---------------------|--------------------|-------------------|-------------------------------|------------------------------|
| APP00117198 |            |         | Mobility Aids | Draft  | Pending validating practitioner | 02/06/2020 10:07:26 | Amber              |                   |                               |                              |

<
>
Rows 1 - 1 of 1

2. Select an application.
3. Review the application and items.
4. Once reviewed, click **'Approve'** or **'Reject'** at the bottom of the screen.
  - a. If approved, the green system message will appear at the top of the screen to confirm submission. It will also notify the Authorising Practitioner of the successful submission of the application.
5. If rejected, the system will open a pop-up window prompting the Validating Practitioner to enter a rejection reason:

Note: the Submit button will not be visible until text has been entered

- Complete the field, then click '**Submit**'.

A notification will be sent to the Authorising Practitioner advising them of the outcome of the validation. If the application is rejected, it will appear under the Rejected by validating Practitioner menu. The rejection reason will be visible in the Activities section of the application:

As the Status is still Draft, the Authorising Practitioner is able to make the necessary changes to the application, and resubmit for validation.

## COPY AN EXISTING APPLICATION

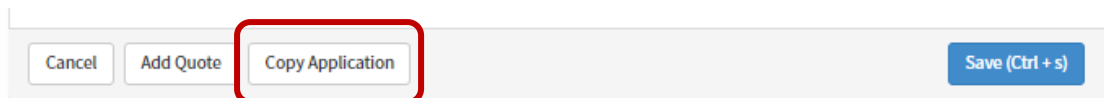
The system allows Practitioners to copy the details from a previously created application into a new application for the same consumer. This is useful in cases where the Practitioner needs to re-order the



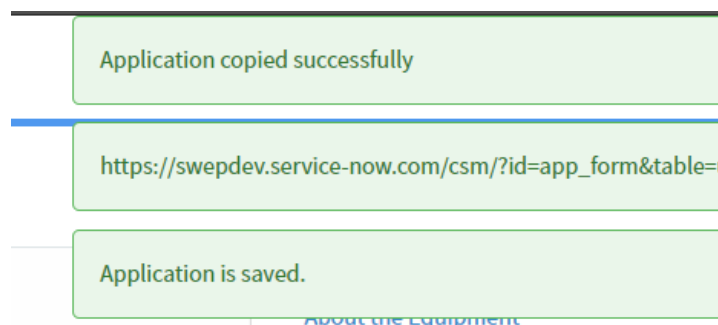
same items again for a consumer, or when the consumer requires items across different item categories.

Note: only applications that have already been submitted can be copied, however not all fields will be copied across. Practitioners are required to review the application in full before attempting to submit to SWEP for consideration.

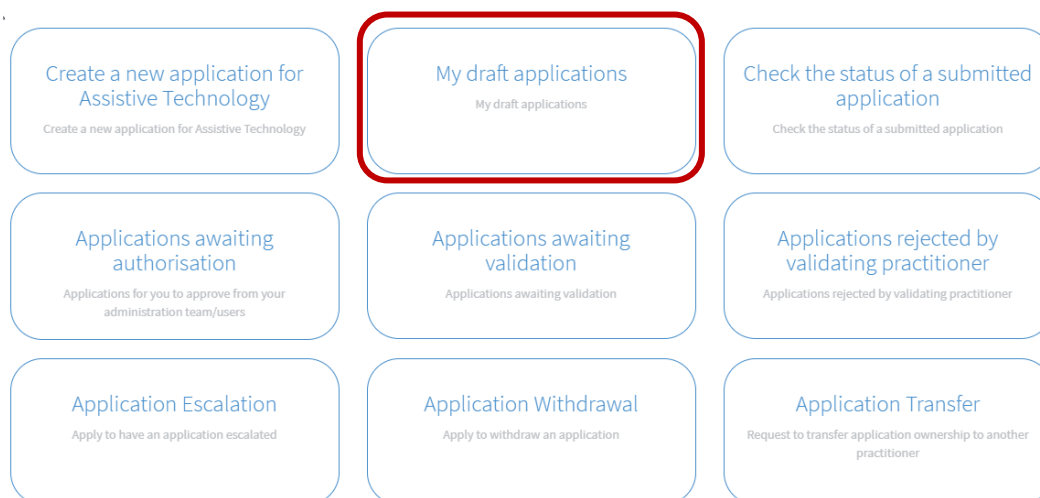
1. To copy an application, click '**Copy Application**' at the bottom of the screen:



7. The following system message will be displayed at the top of the page.



2. Navigate to **Complete and Manage Applications for Assistive Technology > Draft applications.**



3. Select the newly generated application from the list.

| Applications <span>New</span> |            |         |               |        |                                |                    |                     |                        |                       |
|-------------------------------|------------|---------|---------------|--------|--------------------------------|--------------------|---------------------|------------------------|-----------------------|
| Keyword Search <span>Q</span> |            |         |               |        |                                |                    |                     |                        |                       |
| All > Status = Draft          |            |         |               |        |                                |                    |                     |                        |                       |
| Number                        | Given Name | Surname | Category      | Status | Sub status                     | Application Rating | Application Creator | Authorising Prescriber | Validating Prescriber |
| APP00015469                   | Jan        | Reissue | Mobility Aids | Draft  | Pending authorising prescriber | Amber              |                     |                        |                       |
| APP00015447                   | Jane       | Test    | Mobility Aids | Draft  | Pending validating prescriber  | Red                |                     |                        |                       |

4. Proceed as normal.

## PRACTITIONER CASES

In addition to the Credentialing Request, the SWEP ServiceNow system also utilises Cases within the Customer Service Management Application to manage the following Practitioner tasks:

- Application Escalation
- Application Transfer
- Application Withdrawal

## APPLICATION ESCALATION

Practitioners have the ability to request that the progress of an application be escalated when the Status of the application is Waitlisted, or the application has been declined.

To do so:

1. Navigate to **Complete and Manage Applications for Assistive Technology > Application Escalation**.

### Application Escalation

Apply to have an application escalated

2. Select the relevant **Application ID**.

\* Application ID

APP00015347  
APP00015353

\* Review request type

Note: Only applications where the status is Waitlisted or Declined will be listed.

3. Select **Item(s) for review**, if applicable.

Item(s) for review

5.0 - 10cm - Standard air/gel/fluid/combinations  
Manual wheelchair

Note: The items listed will be those added to the cart from the product catalogue at the time of submission.

4. Select the **Review request type**.

\* Review request type

-- None --

-- None --

Review of declined application

Review for escalation

- Complete the remaining fields on the form, ensuring to include as much relevant information to support the request.
- Attach any supporting documentation.
- Click **Submit**. The Case summary page is visible.

Home > Ticket Form

Search

Application Escalation for mr James Tester

Type your message here... Send

OT

Occupational Therapist  
just now  
CS0001480 Created

Start

Your request has been submitted

|  |          |
|--|----------|
| Number                                       | State    |
| CS0001480                                    | New      |
| Priority                                     | Created  |
| 4 - Low                                      | just now |
| Updated                                      |          |
| just now                                     |          |
| Options                                      |          |
| Application ID<br>APP00015347                |          |
| Review request type<br>Review for escalation |          |

The Practitioner can check the status of the case at any time by navigating to cases at the top right-hand corner of the Practitioner Portal:

Practitioner Resources

Cases

Application Status

T

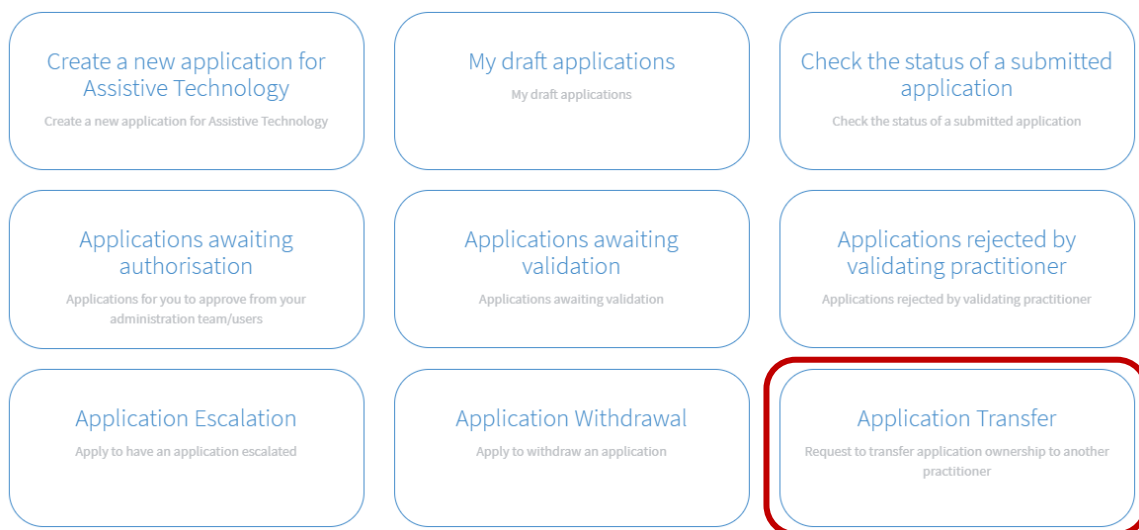
Test Practitioner

## APPLICATION TRANSFER

The transfer on an application from one Practitioner to another does not require any intervention by the SWEP team. Transfers are processed automatically on the assumption that the receiving Practitioner is adequately credentialed (is credentialed at any level for the application category) and is aware that the application is being transferred to them.

Please note that for audit purposes, any Practitioner who has had access to an application as an Authorising Practitioner will always see it listed in their application list views. This is because the SWEP teams need to ability to view the movement of the application at all times.

- Navigate to **Complete and Manage Applications for Assistive Technology > Application Transfer**.



2. Select the application to be transferred.

Home > Customer Service > Application Management > Application Transfer

Search

### Application Transfer

Application Transfer

This form is used to transfer ownership of an application to another prescriber

\* Application ID

| Application ID | Prescriber | Role   |
|----------------|------------|--------|
| APP00015347    | James      | Tester |
| APP00015395    | James      | Tester |

Submit

Required information

Application ID

3. Enter the details of the Practitioner the application is being transferred to.

Home > Customer Service > Application Management > Application Transfer

Search

### Application Transfer

Application Transfer

This form is used to transfer ownership of an application to another prescriber

\* Application ID

APP00015395

\* Prescriber to transfer to

Prescriber to transfer this application to

| Prescriber  | Role       | Application ID |
|-------------|------------|----------------|
| sweep       |            |                |
| sweep.test2 | Sweep Test | PRE0009102     |

Add attachments

4. Click **Submit**. The system will display a summary of the transaction.

Home > Ticket Form

Search

Application Transfer for mr James Tester

Type your message here... Send

OT  
just now  
CS0001484 Created

Start

Your request has been submitted

|   |          |
|---|----------|
| Number                                  | State    |
| CS0001484                               | Closed   |
| Priority                                | Created  |
| 4 - Low                                 | just now |
| Updated                                 |          |
| just now                                |          |
| Options                                 |          |
| Application ID<br>APP00015395           |          |
| Prescriber to transfer to<br>swep.test2 |          |

The application will still be visible in the list of applications, however the role of Authorising Practitioner (the person to contact in relation to the application) will be transferred to the new Practitioner. The reason for this is because SWEP are required to document all persons who have had authority of the application during its progression through the prescription process.

## APPLICATION WITHDRAWAL

Once an application has been submitted, the Practitioner is required to withdraw the application if the item is no longer required. Applications that are still in Draft (have never been submitted to SWEP) can be discarded if they are no longer required.

To withdraw an application:

1. Navigate to **Complete and Manage Applications for Assistive Technology > Application Withdrawal**.

Create a new application for Assistive Technology  
Create a new application for Assistive Technology

My draft applications  
My draft applications

Check the status of a submitted application  
Check the status of a submitted application

Applications awaiting authorisation  
Applications for you to approve from your administration team/users

Applications awaiting validation  
Applications awaiting validation

Applications rejected by validating practitioner  
Applications rejected by validating practitioner

Application Escalation  
Apply to have an application escalated

Application Withdrawal  
Apply to withdraw an application

Application Transfer  
Request to transfer application ownership to another practitioner

2. Enter the **Application ID** and **Reason for withdrawal**.

Home > Customer Service > Application Management > Application Withdrawal

Search

## Application Withdrawal

Application Withdrawal

Use this catalogue item to withdraw an application

\* Application ID

\* Reason

Add attachments

Submit

Required Information

Application ID Reason

3. Attach any documentation (if applicable).
4. Click **Submit**. The system will display a summary of the transaction.

Home > Ticket Form

Search

## Application Withdrawal for

Type your message here... Send

OT Occupational Therapist  
just now  
CS0001485 Created

Start

Your request has been submitted

|                     |                     |
|---------------------|---------------------|
| Number<br>CS0001485 | State<br>New        |
| Priority<br>4 - Low | Created<br>just now |

Options

Application ID  
APP00015423

Reason  
Client is deceased.

Tickets are picked up within  
4 hours (M-F 9-5)

Location

Attachments

Drop files here

Once submitted, SWEP will review the details contained in the Withdrawal case and advise if further information is required. If accepted, the application will be closed off and no further action will be required.