We care for you! We don’t want you to get flu
And there are lots of people you care about too...

This year we're aiming to maximise the flu vaccination uptake and participation amongst all NHSGGC staff.

We need you to be a flu hero this winter and do everything you can to keep your patients, colleagues, family and friends safe. We can all work together to reduce flu risks for everyone.

Register for you Flu Vaccine

- Visit HR Connect - Staff Flu Vaccination Programme 2019-2020 Staff Flu Programme
- Select ‘Register for your Flu Vaccine’
- Select link to new and improved registration form.
Staff who know their NHS Payroll Number

- If you know your pay number select ‘Yes’ from dropdown

  ![Dropdown](image)

- Enter payroll number and select search

  ![Input Field](image)

- You should receive the following message if your details are correct

  ![Message](image)

- If the details entered are incorrect or your NHS Payroll Number is not recognised, you should see this message. Follow steps for **Staff who do not know/ do not have NHS Payroll Number**

  ![Message](image)

- If you have already submitted your registration details, you should receive this message.

  ![Message](image)
Once NHS Payroll number is accepted, please complete the following questions; email address, home/mobile telephone number and consent tick box.

Complete the following Health questions. If ‘Yes’ is answered a details comments box will appear.

- Do you have a health condition we should be aware of?*
  - Yes
  - No

- Have you received Seasonal Flu Vaccination before?*
  - Yes
  - No
Have you ever had a severe, life threatening allergic/anaphylactic reaction to following:

- Seasonal Flu Vaccine?* 
  - Yes
  - No

- Eggs and/or egg products?*
  - Yes
  - No

- Antibiotics (excluding Penicillin)?*
  - Yes
  - No

- Do you have a bleeding disorder, or are you currently taking or have you recently stopped taking warfarin? [deep subcutaneous vaccination may be required]*
  - Yes
  - No

- Are you currently pregnant?*
  - Yes
  - No

- When all questions have been answered, please select ‘Submit’

- Once submitted, you will be presented with a link to upcoming clinics

Flu Vaccination Initial Information Screening

Thanks for submitting your details to receive a flu vaccination. For more information on this year’s programme click the following link here to find the upcoming scheduled clinics.
Staff who do not know/do not have NHS Payroll Number

- If you do not know/do not have an NHS Payroll number select ‘No’ from dropdown

Enter your surname, date of birth and home postcode. Select ‘Search’

You should receive the following message if your details are correct:

NHS Payroll Number match found for Shona Macleod, please complete the following fields and hit submit.

If the details entered are incorrect or you do not know/do not have an NHS Payroll Number - you should see this message:

NHS Payroll match not found please use link here to register!
- If you have already submitted your registration details, you should receive this message.

  Record already submitted for this Payroll Number.

- If your details are accurate, please follow steps as per Staff who know their NHS Payroll Number.

- If your details are inaccurate or you do not know/do not have NHS payroll details, please select the link within this message to take you to an alternative form.

  Have you ever had a severe, life threatening allergic/anaphylactic reaction to following:

  NHS Payroll match not found please use link here to register!

- Complete the information requirement in the form. Any fields marked as mandatory (*) need to be completed in order to proceed on to the next steps.
Once all questions have been answered, you can select ‘Next’.

Answer next set of questions, again making sure all mandatory fields are completed.
Select next to take you to next set of questions.

10. Workgroup *
- Select your answer

11. Ward/Department
- Enter your answer

12. Directorate *
- Select your answer

13. Work Location
- Select your answer

14. Work Telephone
- Enter your answer

Answer the following health questions
15. Do you have a health condition we should be aware of? *
   - Yes
   - No

16. Do you have further details regarding question 15?

   Enter your answer

17. Have you received Seasonal Flu Vaccination before? *
   - Yes
   - No

18. Do you have further details regarding question 17?

   Enter your answer
Have you ever had a severe, life threatening allergic/anaphylactic reaction to the following:

19. Seasonal Flu Vaccine? *
   - Yes
   - No

20. Do you have further details regarding question 19?
   Enter your answer

21. Eggs and/or egg products? *
   - Yes
   - No

22. Do you have further details regarding question 21?
   Enter your answer

23. Antibiotics (excluding Penicillin)? *
   - Yes
   - No

24. Do you have further details regarding question 23?
   Enter your answer
25. Do you have a bleeding disorder, or are you currently taking or have you recently stopped taking warfarin? [Deep subcutaneous vaccination may be required] *
  - Yes
  - No

26. Do you have further details regarding question 25?
   Enter your answer

27. Are you currently pregnant? *
  - Yes
  - No

28. Do you have further details regarding question 27?
   Enter your answer

■ Once all questions have been completed, please select ‘Submit’. You details have now been registered.