# **Referral Triage Coordinator Orientation**

**Name: Start date of role specific education:­** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **Area of Orientation** |
| 1.0 | Referral Assessment, Triage, and Resource Allocation |
| 2.0 | Referral Optimization and Recommendation of Clinical Donor Management Strategies |
| 3.0 | Referral Handover and Reporting |
| 4.0 | Documentation and Data Entry |
| 5.0 | Organizational Awareness & Quality |
| 6.0 | Professional Practice: Team Work and Interpersonal Skills |

***This section to be filled out upon completion of education***

Education has been provided on the above competencies.

RTC Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***This section to be filled out upon completion of orientation period in the Provincial Resources Centre.***

This individual has been deemed competent for individual practice in the Referral Triage Coordinator role as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date).

Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RTC Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_