## Self-Referral Guide

RCT staff can self-refer for either Physiotherapy support or Wellbeing Support (Counselling etc). To do this click on the link below:

URL LINK: <a href="https://rctcbc.my.cority.com/#/login">https://rctcbc.my.cority.com/#/login</a>

You will then need to click on the 'GUEST LOGIN' tab.

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Click on Accept Privacy Agreement

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Click on either Physio or Wellbeing Questionnaire depending on the referral need

## PLEASE NOTE, THE REFERRAL MUST BE COMPLETED AND SUBMITTED IN ONE SITTING AS IT DOES NOT SAVE. PLEASE ENSURE YOU CLICK SUBMIT ONCE COMPLETED.

Once you have submitted the referral, it will be sent to occupational health and you will no longer be able to see it or edit it. This ensures the referral remains confidential.

Please see below an example of a Wellbeing Self-Referral. Make sure to complete ALL SECTIONS (if highlighted in yellow or have \* after it as these questions are mandatory)

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n Home	Yes     No       Date Absence began:     01/05/2024	Submit :
	Have you attended Occupational Health Unit previously? *	
	Referral Comments / Update * Partner seriously ill and having impact on home work due to stress and going back and fore to the hospital.	-

🛱 Home	🗧 Wellbeir	ng Counselling Referral - New	Cancel	Delete	Save	Submit	:
		ONLINE APPLICATION DECLARATION (if applicable). Before submitting th details you have provided are correct and that any attachments have been aware that everything that you submit will be visible to the employee at th referral is available for you to review below and please be aware that once you will not be able to make any amendments. In accordance with GDPR p details will be stored both electronically and manually by the Occupationa concerns about how this information is handled I will contact the Occupat words 'I Agree' in the box below to acknowledge. Please sign the declarate I AGREE	ne referral, p added to s e time of the syou have s olease be av I Health Uni ional Health are providing ation by typi	lease ensure ection 3. (Ple e appointmet ubmitted the vare that pers t. If I have an h Unit. Please g in this entir ng "I AGREE"	e that all ease be nt). The form sonal by e type the re form is ' below	1	
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Once you have completed the referral, click on the **SUBMIT** tab to send the referral to Occupational Health. Occupational Health will then contact you to arrange support.

If you have any queries, please contact the Occupational Health Unit either by:

- Email <u>OHUQueries@rctcbc.gov.uk</u>
- Phone 01443 494003