|  |  |
| --- | --- |
| The following Induction record must be completed jointly by the staff member and the staff member’s Supervisor. | |
| **Staff Member’s Name** |  |
| **Supervisor’s Name** |  |

| **Area of Induction** | Details discussed with the staff member | | **Date Completed** |
| --- | --- | --- | --- |
| 1. Organisation | Vision, Mission and Strategic and Operational Plans |  |  |
|  | Compliance responsibilities |  |  |
|  | Staff Code of Conduct and NDIS Code of Conduct |  |  |
|  | Team process, communication channels, supervision arrangements |  |  |
|  | Authority/Delegations |  |  |
|  | NDIS Worker Orientation Module completed |  |  |
| 2. Human Resources and Payroll | HR Employment Forms completed |  |  |
|  | Position Description / Special Duties |  |  |
|  | Timesheets / Leave forms |  |  |
|  | Criminal History Screening |  |  |
|  | Working With Children Check (if applicable) |  |  |
|  | Contract of Employment |  |  |
|  | Business Cards (if applicable) |  |  |
| 3. IT, equipment and resources | Computer / Laptop |  |  |
|  | User Account and Access to IT (PC, Phone) |  |  |
|  | Mobile Phone (if applicable) |  |  |
|  | Credit Card (if applicable) |  |  |
|  | Keys (Vehicle/Office) |  |  |
|  | Vehicle (if applicable) |  |  |
| 4. Workplace Familiarisation | Amenities, kitchen facilities, entrances and exits. |  |  |
|  | Sign on book, storeroom and supplies |  |  |
| 5. Operational | NDIS Mandatory Orientation Module |  |  |
|  | Incident Management |  |  |
|  | Preventing and Responding to Abuse, Neglect and Exploitation Policy |  |  |
|  | Client Rights and Responsibilities |  |  |
|  | Equal Opportunity and Workplace Harassment Policy |  |  |
|  | Feedback, Compliments and Complaints |  |  |
|  | Privacy and Confidentiality |  |  |
|  | Service Delivery policy, principles and processes |  |  |
|  | Behaviour Support and Restrictive Interventions policy and processes |  |  |
|  |
|  | Duty of Care requirements |  |  |
|  | Policy Manual |  |  |
| 7. Emergency Procedures | Reporting an Emergency / Raising the Alarm |  |  |
|  | Evacuation Procedure |  |  |
|  | Location of Emergency Evacuation Plan |  |  |
|  | Location of Emergency Exits / routes |  |  |
|  | Location of Assembly Area |  |  |
|  | Location of Fire Extinguishers / Hoses / Blankets |  |  |
|  | Awareness of types and how to use of Fire Extinguishers /Hoses / Blankets |  |  |
| 8. Meet key staff. | Management |  |  |
|  | Emergency Evacuation Wardens (if applicable) |  |  |
|  | WHS Representatives (if applicable) |  |  |
|  | Return to Work Coordinator |  |  |
| 9. WHS Management Processes | Workplace Health and Safety Policy and Guidelines |  |  |
|  | Risk Management policy and systems |  |  |
|  | Incident and Hazard Reporting Procedure & Form |  |  |
|  | WHS Communication processes |  |  |
|  | Contractor / Visitor Management processes |  |  |
| 10. WHS Responsibilities | Discussion of staff WHS responsibilities (refer WHS Policy) |  |  |
| 11. Chemicals in the Workplace (if applicable) | Location for storage of the Chemicals |  |  |
|  | Location of Safety Data Sheets |  |  |
|  | Precautions for use, including PPE |  |  |
|  | Requirement not to bring other chemicals into the workplace |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Declaration** | | | |
| I understand the information and responsibilities detailed in this Induction. | | | |
| Signed (Staff member) |  | Date: |  |
| I have identified and addressed the applicable Induction criteria on this form. | | | |
| Signed (Supervisor) |  | Date: |  |