**AMPEY PTY LTD**  
**STAFF INDUCTION CHECKLIST**

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| 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** |
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| **1. Organisation** | Vision, Mission and Strategic and Operational Plans |  |  |
|  | Compliance responsibilities |  |  |
|  | Staff Code of Conduct Declaration |  |  |
|  | Team process, communication channels, supervision arrangements |  |  |
|  | Position responsibilities |  |  |
|  | Authority/Delegations |  |  |
| **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) |  |  |
|  | Petty Cash process |  |  |
|  | 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. Learning and Development** | NDIS Mandatory Orientation Module |  |  |
|  | Human Resources Policy |  |  |
|  | Preventing and Responding to Abuse, Neglect and Exploitation Policy |  |  |
|  | Cultural Competency |  |  |
| **6. Operational** | Client Rights and Responsibilities Statement |  |  |
|  | Equal Opportunity and Workplace Harassment Policy |  |  |
|  | Feedback, Compliments and Complaints |  |  |
|  | Incident Management Policy and procedures |  |  |
|  | Privacy and Confidentiality |  |  |
|  | Service Delivery policy, principles and processes |  |  |
|  | Use of interpreters and translators |  |  |
|  | Service access and exit processes |  |  |
|  | Assessment Planning and Review policy and processes |  |  |
|  | Decision Making and Choice policy and processes |  |  |
|  |  |  |  |
|  | Active Engagement strategies and processes |  |  |
|  | Financial Management (NDIS Service Agreements) |  |  |
|  | Working with Carers policy and processes |  |  |
|  | Duty of Care requirements |  |  |
| **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) |  |  |
| **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** | 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 |  |  |
| **12. Operation of Vehicles & Equipment** | Motor Vehicle Policy and vehicle maintenance requirements |  |  |
|  | Photocopier and Fax |  |  |
|  | Mobile Phones, Internal Phone System |  |  |
|  | Computer Systems and Printers |  |  |
| **13. Client Interface** | Client Safety Assessment and Planning |  |  |
|  | Information, Advice and Referral policy and processes |  |  |
| **14. Other workplace specific issues** | Contract of Employment signed and returned |  |  |
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| **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: |  |