COMPANY NAME

INDUCTION PROGRAMME FOR NEW STAFF

DEPARTMENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF EMPLOYEE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JOB TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE COMMENCED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is a checklist of information for Induction which managers / supervisors should use with new staff as part of their induction program within the first few days, and certainly within the first two weeks of employment. Health and Safety items should be identified immediately. The new employee should be asked to tick each subject as he/she has been informed about it and sign the end of the form. The manager / supervisor then sends the form to the Personnel Department / Head Office for inclusion in the employee’s personnel file.

Not all the following subjects are applicable to all departments. Should this be the case, record N/A.

Please read the guidance notes below before completing this form.

### ITEMS TO COVER WITH EACH NEW EMPLOYEE

|  |  |
| --- | --- |
| The Department | Complete |
| 1. Department function |  |
| 2. Introduction to colleagues |  |
| 3. New entrant’s own job |  |
| 4. Supervision |  |
| 5. General layout - entrances and exits |  |
| 6. Telephone system, bleeps and intercom systems |  |
| Conditions of Employment |  |
| 1. Information on hours of work, including duty rotas, shift systems "on-call" breaks |  |
| 2. Time recording, flexi-time |  |
| 3. Bonus scheme, allowances |  |
| 4. Probationary periods of employment |  |
| 5. Company Pension scheme and eligibility |  |
| 6. Reporting in when sick including when on leave |  |
| 7. Arrangements for requesting leave: annual leave, unpaid leave, compassionate leave |  |
| 8. Issue of uniforms, and uniform policy, protective clothing, replacement, laundry arrangements |  |
| Health and Safety, Security, Fire |  |
| 1. Health and safety information relevant to the department |  |
| 2. Issuing of fire instructions and procedure |  |
| 3. Location of fire-fighting equipment |  |
| 4. Accident reporting |  |
| 5. First aid facilities/pre-employment health screening/role of Occupational Health / Company Doctor |  |
| 6. Loss of personal effects |  |
| 7. Security of department/building |  |
| 8. Arrangement for keys, passes, ID Badges etc. |  |
| 9. Violence and aggressive behaviour |  |
| 10. Management of monies/valuables |  |
| 11. Major Incident procedures |  |
| **Conduct** |  |
| 1. Personal presentation |  |
| 2. Disciplinary procedures |  |
| 3. Courtesy to the customer and the public |  |
| 4. Confidentiality |  |
| 5. Noise Control |  |
| 6. Acceptance of gifts |  |
| 7. Statements to the Press |  |
| 8. Local rules regarding smoking |  |
| 9. Private use of telephones |  |
| 10. Standards of Business Conduct |  |
| **Facilities** |  |
| 1. Cloakroom, lockers, lavatories |  |
| 2. Canteen |  |
| **Education, Training, Promotion** |  |
| 1. Study leave |  |
| 2. Means of advancement, promotion opportunities |  |
| 3. Employee appraisal, review systems |  |
| **Employee Involvement and Communication** |  |
| 1. Employee or Trade Union representative |  |
| 2. Communication arrangements |  |
| 3. Information sources, e.g. notice boards, circulars etc. |  |
| 4. Food and Health Policy |  |
| 5. Handling Complaints |  |
| **Items Specific to Department** |  |
| 1. Pay |  |
| 2. Notice of termination of employment |  |
| 3. Sick certificates |  |
| 4. Waste disposal |  |
| 5. Control of infection |  |
| 6. Lifting and handling |  |

*I have been informed about and understand the above items.*

Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

*I confirm that the above Induction Programme has been completed for the above employee.*

Designated Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_