# [Company]

# INDUCTION PROGRAMME FOR NEW STAFF

DEPARTMENT ......................................................................

NAME OF EMPLOYEE ......................................................…………..

JOB TITLE ......................................................................

DATE COMMENCED ......................................................…………..

### Guidance Note

This is a checklist of information for Induction which supervisors should use with new staff as part of their induction programme 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 initial and date each subject as he/she has been informed about it, and sign the end of the form.

The supervisor will also sign the form to confirm the induction process has been completed. This should then be checked by the Department Manager who will also sign off the form when completed.

The completed form will be retained in the employees personnel file.

### INDUCTION CHECKLIST - ITEMS TO BE COVERED WITH EACH NEW EMPLOYEE

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| **Induction Items** | **Comments** | **Date Completed** |
| **Prepare for the New Employee** |  |  |
| 1. Meet on arrival and show to work area |  |  |
| 1. Give Induction Pack | Induction Pack should contain all the key documents which the new employee will require such as Company information, the Staff Handbook, Fire Evacuation arrangements, any key policies and the induction checklist |  |
| 1. Pay administration | Ensure any required payroll and pensions administration is completed on the first day |  |
| 1. Other Topics: |  |  |
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| **The Department** |  |  |
| 1. Introduction to colleagues |  |  |
| 1. Department function |  |  |
| 1. Supervision |  |  |
| 1. General layout - entrances and exits |  |  |
| 1. Telephone system, bleeps and intercom systems |  |  |
| 1. Set up Internet and email access if necessary | Provide the inductee with the company policy on Internet and Email use. |  |
| 1. New entrant’s own job | Structured job training relating to the role that the new hire will be performing. This may require a separate training plan. Plan a balanced introduction to the work, a mixture of explanation, observation, practice and feedback. |  |
| 1. Other Topics: |  |  |
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| **Conditions of Employment** |  |  |
| 1. Information on hours of work, including duty rotas, shift systems, "on-call", breaks etc |  |  |
| 1. Time recording, flexi-time | Supply the inductee with any forms required |  |
| 1. Bonus scheme, allowances |  |  |
| 1. Probationary periods of employment | Supply the inductee with the Company Probation Policy |  |
| 1. Company Pension scheme, eligibility and autoenrolment |  |  |
| 1. Reporting in when sick including when on leave |  |  |
| 1. Arrangements for requesting leave: annual leave, unpaid leave, compassionate leave. Maternity, paternity and parental / shared parental leave arrangements. | Supply the inductee with any leave request forms required |  |
| 1. Issue of uniforms, and uniform policy, protective clothing, replacement, laundry arrangements; dress code. |  |  |
| 1. Other Topics: |  |  |
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| **Health and Safety, Security, Fire** | Mandatory training relating to health and safety and other essential or legally required areas. Should be completed early in the induction process. |  |
| 1. Health and safety information relevant to the department |  |  |
| 1. Issuing of fire instructions and procedure |  |  |
| 1. Location of fire-fighting equipment |  |  |
| 1. Accident reporting |  |  |
| 1. First aid facilities/pre-employment health screening/role of Occupational Health / Company Doctor |  |  |
| 1. Loss of personal effects |  |  |
| 1. Security of department/building |  |  |
| 1. Arrangement for keys, passes, ID Badges etc. |  |  |
| 1. Violence and aggressive behaviour |  |  |
| 1. Management of monies/valuables |  |  |
| 1. Major Incident procedures |  |  |
| 1. Other Topics: |  |  |
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| **Conduct** |  |  |
| 1. Personal presentation |  |  |
| 1. Disciplinary procedures |  |  |
| 1. Courtesy to the customer and the public |  |  |
| 1. Confidentiality |  |  |
| 1. Noise Control |  |  |
| 1. Acceptance of gifts |  |  |
| 1. Statements to the Press |  |  |
| 1. Local rules regarding smoking |  |  |
| 1. Private use of telephones |  |  |
| 1. Standards of Business Conduct |  |  |
| 1. Other Topics: |  |  |
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| **Facilities** |  |  |
| 1. Cloakroom, lockers, lavatories |  |  |
| 1. Canteen / food preparation / eating facilities / drinking water |  |  |
| 1. Other Topics: |  |  |
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| **Education, Training, Promotion** |  |  |
| 1. Learning opportunities |  |  |
| 1. Means of advancement, promotion opportunities |  |  |
| 1. Employee appraisal, review systems |  |  |
| 1. Other Topics: |  |  |
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| **Employee Involvement and Communication** |  |  |
| 1. Employee or Trade Union representative |  |  |
| 1. Communication arrangements |  |  |
| 1. Information sources, e.g. notice boards, circulars etc. |  |  |
| 1. Food and Health Policy |  |  |
| 1. Handling Complaints |  |  |
| 1. Other Topics: |  |  |
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| **Items Specific to Department** |  |  |
| 1. Shifts / overtime / pay |  |  |
| 1. Notice of termination of employment |  |  |
| 1. Sick certificates |  |  |
| 1. Waste disposal |  |  |
| 1. Hygiene / control of infection |  |  |
| 1. Lifting and handling |  |  |
| 1. Other Topics: |  |  |
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| **Induction Evaluation** |  |  |
| Check inductee’s knowledge and understanding. | Entails confirmation of their understanding, and feedback about the quality and response to the induction. Should be carried out by the Department Manager or the Manager of the person who carried out the induction. |  |

OTHER RELEVANT ISSUES SPECIFIC TO DEPARTMENT

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

Signature: ...................................…………………………………………………… Date: ..............

**I confirm I have completed the above induction programme with the employee**

Signature of

Supervisor: ...................................………………………………………….……… Date: ..............

**I confirm that I have checked and can verify that the above Induction Programme has been completed for the above member of staff.**

Signature of Head of Department/

Designated Officer: ...................................………………………………………… Date: ..............