**Staff Induction Checklist**

| **Name:** |  |
| --- | --- |
| **Position:** |  |
| **Date of commencement:** |  |
| **Name of person providing induction:** |  |
| **Item** |  | **Please tick** |
| **Welcome and introduction** | Expression of welcome |  |
|  | Overview of the plan for the day |  |
|  | Introduction to organisation structure and team members |  |
|  | Tour of practice |  |
|  | Explanation of security arrangements |  |
| **Practice & Payroll documentation** | Contract and Job Description |  |
|  | Copies of qualification and applicable registration (eg. APHRA) taken and filed |  |
|  | Complete * New Employee Form- Portal
* Employment tax declaration
* Superannuation documentation
* Fair work Information
 |  |
|  | ADG Employee Manual* Acknowledgement signed
* Access to Portal and forms
 |  |
|  | Personal health records:* Immunisations Current / Waiver signed
 |  |
|  | Practice WHS Manual –* Legislation and responsibility
* Policies and Procedures
 |  |
|  | Confidentiality agreement |  |
|  | Practice Infection Control Manual |  |
|  | Practice/ADG Policies and Procedures* Uniform Policy
* Wageloch Policy
 |  |
|  | Practice Registers |  |
| **Hand Hygiene** | Complete Hand Hygiene Australia’s online learning package ([www.hha.org.au/LearningPackage.aspx](http://www.hha.org.au/LearningPackage.aspx)) |  |

 I confirm that I acknowledge, understand and agree to all the documents, manuals and policies and procedures explained in the Induction.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_