

INDUCTION CHECKLIST

Name of Staff Member:

Job Title:

Date of Commencement:

All sections must be completed. Enter N/A where not applicable.

Area of Induction	Tick relevant induction area when completed and write comments (if any)	Date
History and Culture of Organisation		
Philosophy and Principles of Care		
Introduction to Main Personalities		
Organisation Structure		
Staff Handbook and Employment Agreement		
Emergency and other telephone contacts (official administrators, essential services)		
Policy on Gifts, Wills and Bequests		
Equal Opportunities Policy		
Introduction to Workplace		

Statement of Main Terms and Conditions		
Salary and Payment Mode		
Absenteeism/ sickness		
Duty Rotas		
Uniform Policy		
Staff Availability Policy		
Time Sheet Policy		
Transportation Policy		
Mobile Phone Policy		
General Data Protection Policy		
Disciplinary, Grievance and Complaints Procedure		

Mandatory Trainings		
Personal Hygiene		

Employee Declaration

I confirm that all the information stated above have been read and understood clearly. My signature in this form indicates that I am willing to abide by the Excellent Care Ltd. policies and procedures.

Employee Signature and Date:

Manager's Signature and Date:

