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ON JOB ORIENTATION FORM FOR NEW STAFF (TO BE COMPLETED BY LINE MANAGER)

Employee Name..... Date:

Job Title..... Department.....

	ASSIGNMENT	Tick here if it is completed
1	Tour to work areas and introduction to colleagues	
2	Tour of premises , specifically /identifying toilets , catering / kitchen facilities and other departments	
3	Explain use of telephone	
4	Summarizes hours of work, Absence /sickness process, Lunch/Break time	
5	Fill in the ICT form and specify necessary access levels required	
	ORGANIZATION CHARTS	
6	CCBRT organization chart. Explain where your department / program fits in the organization	
7	Explain positions , departments and the reporting system /set up in your department/section	
8	DEPARTMENTAL SPECIFIC ORIENTATION	

Represented in the USA by:

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9	Objective of the department / Program towards CCBRT Vision	
	Function of the department	
10	Roles and responsibilities of the employees in the department	
11	Discuss the Job Description and answer any question that they may have	
12	Explain the overall expectation of the individual with regards to the performance	
13	Identify and explain any relevant training to be provided to the new staff	
14	Explain CCBRT performance management system	
15	DISCUSSION ON PROVISION OF ON JOB TRAINING / FORMAL TRAINING REQUIRED TO THE NEW STAFF	
16	This is specific to every department/ program and the candidates' job	
	Provide / Arrange training on daily/processes and quality and safety practices as appropriate	
17	Make arrangements for any training to be provided by a different department / program	
18	Storage of documents for the department/program	
19	IT to provide training on Open Clinic/SAP/Aruti and others if applicable	
20	PERFORMANCE ISSUES	

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21	Explain standards work expected	
23	Assess Essential / Mandatory professional training required and issues	
	Discuss any further orientation on work that would be required	
24	Explain how performance issues are handled and work support is provided	
25	PROGRAM END	
26	Continue with on job training if required	
27	Allow the new employee to share whatever experience they have from somewhere else to improve our practices	
	Please return form to the HR Officer that gave you after 30 days	
28		
29		

Employee's signature:..... Date

Line manager/HOD's Name Signature.....Date.....