**[COMPANY NAME]**

**LOCAL INDUCTION**

**Induction: Staff feedback (1 month)**

**Section/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Were you personally introduced to your new colleagues, managers and other appropriate people during your first few days in post?

Yes! No!

Any additional comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Has your Induction helped you understand your job, responsibilities, work standards?

Yes! No!

Any additional comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. Have appropriate policies and procedures, important to your job (health and safety,

Regulations, work processes), been shown to you and explained to you?

Yes! No!

Any additional comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. Have the materials/sections in the Induction Pack been of use to you?

Yes! No!

Any additional comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. Have you discussed/completed an Induction Training and Development Plan?

Yes! No!

Any additional comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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6. If there was one aspect of your Induction that could be improved what would it be,

And how might we improve it?

Aspect:

**Suggestions for improvement**

When completed, please return this review form to:

HR Department/HR Manager