1. On-Boarding Acknowledgement Form

|  |  |  |
| --- | --- | --- |
| **Employee Name** | **Employee ID** | **Joining Date / Date of Visit** |
|  |  |  |
| **Employment Details** | | |
| **Position/Designation:**  **Position Type**   * Full-Time * Part- Time * Outsource/Commissioned | **Department/Project:**  **Line Manager Name:**  **Line Manager Designation:** | Remarks/Comments: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Choose the Applicable & Completed On-Boarding Process/Orientation/Induction** | **Yes / No** | **Date of Completion** | **Facilitated by** |
| **HR Orientation** |  |  |  |
| Signing of Contract |  |  |  |
| Policies/Procedures |  |  |  |
| HR Forms / Acknowledgments |  |  |  |
| Medical Test |  |  |  |
| Arranging for Residence Visa/Emirates ID/Driving License |  |  |  |
| Bank Account Opening |  |  |  |
| **Kronos Orientation (time and attendance)** |  |  |  |
| Kronos Registration |  |  |  |
| Biometrics Registration |  |  |  |
| **Clinical Services and Occupational Health Orientation** |  |  |  |
| General Induction and Briefing / Policies |  |  |  |
| **QHSE Orientation** |  |  |  |
| QHSE Induction and Briefing |  |  |  |
| Cultural Awareness |  |  |  |
| **IT Orientation** |  |  |  |
| IT Induction and Briefing |  |  |  |
| Others: |  |  |  |
| **Signed/Issued Forms, Policies and Procedures:** | | | |
| * COP202 Code of Conduct & Declaration of Acceptance **Comments/Remarks (if any):** * COP108 Company Profile * COP403 General Confidentiality Policy * COP105 Organizational Chart * HRF203 Employment Contract * HRF527 Employment Contract - Filipino EMT B * HRF522 Email Address Acknowledgment * HRF519 EMT-B UAE Driving License Requirement Form * HRF515 ERP Employment Form * HRF307 Keys and Cards Acknowledgement Receipt * HRF202 Mobile Phone and Sim Acknowledgement * HRF405 New Employee Induction Checklist * HRF304 Payroll Details Form * HRF506 Personal Details Form * HRF507 Status Acknowledgement * ITP102 Acceptable Use of Assets Policy * COF310 Employee Non-Disclosure Agreement * **Others (please specify):** | | | |
| **Employee Acknowledgement** | | | |
| I acknowledge that National Ambulance went through the above list of processes/orientation/induction and I have a general understanding of the items listed. I understand that it is my responsibility to familiarize myself with the details of each of the items on above list.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employee Name Signature Date | | | |