INDUCTION CHECKLIST

Name:					
Volunteer		Student		(tick applicable)	
Organisation	al Practice Framework				
Quality Fram	neworks and Standards				
Grievance Pr	rotocol				
Diversity, Anti-Discrimination & Equal Employment Opportunity Protocol					
Workplace H	lealth & Safety Policy				
Privacy, Info	rmation and Communication Pol	icy			
General Com	pany Information				
General Heal	lth & Safety in the Workplace				
Volunteer an	nd/or Student Work Related Info	rmation			
Please note: Further training for your role may be required e.g., Food Safety and Handling/Hygiene, Vehicle Hoist Training which will be conducted by your supervisor. I acknowledge that I read and understood all information provided in this Induction.					
Inductee's Signature:					
Dated:					
I acknowledge that the volunteer and/or student has completed an Induction					
Trainer's Sig	nature:				
Dated:					