



New Employee Induction

Name

Start Date

Name of person conducting Orientation:

Date of Orientation:

Major Area

Tick Complete

- | | |
|---|--------------------------|
| Overview of Company | <input type="checkbox"/> |
| Introduction to other employees | <input type="checkbox"/> |
| Discussion of Business Plan – where we are headed | <input type="checkbox"/> |
| Discussion of Annual Training Plan | <input type="checkbox"/> |
| Individual's role within the company | <input type="checkbox"/> |
| Contracts | <input type="checkbox"/> |
| Health and Safety | <input type="checkbox"/> |

Discussion of policies on:

- | | |
|---|--------------------------|
| Confidentiality – clients and individuals | <input type="checkbox"/> |
| Code of Conduct | <input type="checkbox"/> |
| Access to personal records | <input type="checkbox"/> |
| Driving | <input type="checkbox"/> |
| Emergency Procedures | <input type="checkbox"/> |
| Uniform and Equipment | <input type="checkbox"/> |

New employee forms completed

- | | |
|---|--------------------------|
| Employee contract | <input type="checkbox"/> |
| Inland Revenue forms as appropriate | <input type="checkbox"/> |
| HSE NI / Accreditation Forms as appropriate | <input type="checkbox"/> |