Appendix A (from New Starter Policy)

PRINTED COPIES ARE

UNCONTROLLED

\*denotes compulsory information

**INDUCTION PACKAGE**

Employee/Volunteer Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Commencement\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Type\*: Full-Time 🞎 Part-Time 🞎 Volunteer 🞎 Contractor 🞎

*(tick appropriate box)*

Emergency Contact Person and Relationship\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **WELCOME NEW EMPLOYEES AND VOLUNTEERS**

Welcome new starter to the Organisation.

*Provide copies of:*

* Current newsletter and group information\* (email weblink if possible)

http://www.maroochycatchmentcentre.org.au/catchment/?page\_id=1206

* Code of Conduct Policy and Procedures\* (email weblink if possible)

http://www.maroochycatchmentcentre.org.au/catchment/?page\_id=815

* Workplace Health and Safety Policy\* (email if possible)

<http://www.maroochycatchmentcentre.org.au/catchment/?page_id=815>

* Personal Accident Insurance (volunteers) or WorkCover (employees) Policy\* (email if possible)

<http://www.maroochycatchmentcentre.org.au/catchment/?page_id=815>

* Relevant industrial award (email web link from Fair Work Aust if possible)

http://www.fairwork.gov.au/awards-and-agreements/awards/list-of-awards

* Any other documents relevant to position (please list)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **INTRODUCTION**

Provide an overview of the Organisation, including:

* Size
* Organisational structure
* Number of employees and volunteers
* Services provided

**3. PROVIDE INFORMATION ABOUT CONDITIONS OF EMPLOYMENT**

* Position description\*
* Relationship of job to other jobs within the Organisation\*
* Leave entitlements
* Remuneration and Superannuation
* Professional image\*
* Training and development\*
* Organisational policies

*Including:* Code of Conduct\*

Operational Policies

Employment Policies

Board Policies of applicable

* Worker’s Compensation/Personal Accident Insurance\*

**4. ENVIRONMENT, HEALTH AND SAFETY**

* Environment, Health And Safety Policy
* Induction into the relevant Job Safety Environment Analysis\* (attach JSEA and signed EH&S Induction Form to this document)
* Notification of pre-existing conditions potentially affecting performance. Inductees must sign\* (see statement overleaf)
* If applicable, do you have any dietary preferences. Please specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* General housekeeping

*Fire and Emergency Safety:*

* Explain and/or demonstrate the fire warning system
* Fire and evacuation procedures
* Assembly point for evacuation
* Types and locations of fire extinguishers

*Injury and Incident Reporting:*

* Process for reporting injury, incidents or hazards\*
* Location of first aid facilities\*
* First aid and occupational health and safety representatives\*

**5.0 PUT NEW EMPLOYEES AT EASE WITH THEIR NEW ENVIRONMENT**

*Conduct site tour, including:*

* Toilets
* Tea room
* First aid facilities
* Car Parking
* Noticeboards

*Overview of local area:*

* Local shops/facilities
* Public transport

*Introduce new employee to:*

* Managers and Supervisors\*
* Employees and Volunteers\*
* Occupational health and safety representatives\*
* First Aiders\*

**6.0 ASSIGN A MENTOR FOR THE NEXT TWO/THREE WEEKS**

* Mentor name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7.0 SUPPORTING DOCUMENTS**

* ACDC Licence
* Blue Card (Child Suitability)
* Chainsaw Certificate
* CPR Certificate
* Construction White Card
* Qualifications (please list and attach)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Employment Contract
* First Aid Certificate
* Driver Declaration
* Drivers Licence
* Resume Personal
* Resume Corporate
* Superannuation Details
* Tax File Number Declaration
* Employment Award
* Others (please list and attach)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **CONFIRMATION OF COMPLETED INDUCTION**

I acknowledge and agree to comply with the following terms that refer to my participation in all projects and activities:

* I have notified the team leader of any relevant medical conditions, allergies, disabilities and pre-existing injuries
* I will abide by the Policies of the organisation
* I shall respect the rights, feelings and property of all others associated with the organisation
* I shall cooperate with the team leader to ensure a safe, happy and hygienic team environment
* I give approval for any photographs or videos taken of me while participating in group activities to be used in reporting or marketing purposes
* My placement within the organisation is at the discretion of the team leader

I understand that failure to comply with any of these conditions may result in disciplinary action and possible termination.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inductor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inductor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **PRE-EXISTING CONDITIONS AFFECTING PERFORMANCE**

Do you have any medical conditions, allergies, disabilities or past injuries **that may affect your** **participation?**

Yes **\_\_\_\_\_\_\_\_** No **\_\_\_\_\_\_\_\_\_\_**

If yes, please discus with team leader and complete the following questions.

More information on the condition;

Eg; *How serious is the condition? What are the symptoms? How often do the episodes occur? When was the most recent episode*?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Based on the response to Question 1, how might the declared condition affect participation?

Eg; *What other relevant activities does the volunteer undertake on regular basis*?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the management plan to minimize the likelihood of aggravating the declared condition?

Eg; *Medication to be taken, avoid allergy triggers, rotate activities, carer to accompany employee/volunteer*. A doctor’s certificate may be necessary.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the emergency management plan?

Eg; *Seek medical attention or administer medication. How quickly do these need to be undertaken?*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date. \_\_\_/\_\_\_/\_\_\_**