|  |  |
| --- | --- |
| Employee Name: | Start Date: |

**Provided to Employee Prior to Commencing**

|  |  |  |  |
| --- | --- | --- | --- |
| Document | Required | Given to employee | Done |
| Employee Contract  | Mandatory | Emailed to new employee |  |
| Position Description  | Mandatory | Emailed to new employee |  |
| Police Clearance  | Mandatory | Available at Post Office |  |
| TFN Declaration  | Mandatory | Available at ATO website |  |
| Working with Children Check  | If required  | Available at Post Office |  |
| Drivers Questionnaire (Insurance)  | Mandatory | Emailed to new employee |  |
| Staff Details Form  | Mandatory | Emailed to new employee |  |
| Fairwork Sheet (emailed to employee) | Mandatory | Emailed to new employee | N/A |

**Equipment Required**

|  |  |
| --- | --- |
| Desk Allocated  | Yes/No |
| Mobile Phone Required | Yes/No |
| Computer Allocated | Yes/No |
| Ipad Allocated | Yes/No |
| Other |  |

**Personnel file contents**

|  |  |  |
| --- | --- | --- |
| Article | Required | In Employee File Y/N |
| Employee Contract  | Mandatory |  |
| Position Description  | Mandatory |  |
| Police Clearance  | Mandatory |  |
| TFN Declaration  | Mandatory |  |
| Working with Children Check  | If required  |  |
| Professional Qualifications/ Registration | If required  |  |
| Training CPR  | If required  |  |
| Vaccination Status  | If required  |  |
| Drivers Licence  | Mandatory |  |
| Drivers Questionnaire (Insurance)  | Mandatory |  |
| Staff Details Form  | Mandatory |  |

**Induction Checklist**

|  |  |
| --- | --- |
| **Name:** | **Position:** |
| Activity | Detail | Done (tick) |
| Date Commenced |  |
| Line Manager |  |
| Line Manager Introduction | Role, history, aims, team, funding, programs |  |
| CEO Overview | Strategy, Operations, Challenges, Opportunities |  |
| Organisation  | Staff & structure |  |
| Office Locations | Northam, Toodyay, Narrogin  |  |
| Certifications | RACGP & ISO9001, Internal & External Audits |  |
| Customer Feedback  | Boxes, Emails |  |
| Improvements | Welcomed and should be directed to your manager |  |
| Security | Computer passwords Alarm Code (areas, process to set, keys) |  |
| Tour of office  | Staff introduction, Work area, Toilets/ Kitchen/ Meeting Rooms |  |
| Social Media Usage | Policy  |  |
| External Communications |  |  |
| Employee Conduct  | Dress code |  |
| Pool Vehicle | How many, How to book a vehicle  |  |
| Work hours  | Regular hours as per contractOffice and Practice hours |  |
| Phone operation | Answering protocols, transferring |  |
| Emails  | Signature/Title |  |
| Business Operation System (BOS) | Intranet – Policies, procedures, formsClinical Operations, Practice Administration, Finance, HR, Ab Health, Diabetes Education, Dietician, Physio, Ultrasound, Pharmacy Spill Kit |  |
| OH&S  | Evaluation, accident reporting  |  |
| Purchase orders / Stationery Order  | Name Badge, Business cards, Medical supplies |  |
| Car Parking |   |  |
| Remuneration  | Entitlements, Packaging, Salary |  |
| Performance | Probation & Reviews |  |
| Training | Timeframe (per contract) |  |
| Timesheets – Overtime/ TOIL | Maximum 15 hours carry over |  |
| Personal Email Address | For Payslips |  |
| Leave  | TOIL, Annual, Sick, Bereavement, Unpaid leave or Public Holiday |  |
| Absence from work | Telephone your manager prior to your work time. |  |
| Reimbursement Forms  | Receipts, Line Manager approval |  |

|  |  |
| --- | --- |
| Employees Signature |  |
| Date |  |
| Induction completed by: |  |