|  |  |
| --- | --- |
| 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 contract  Office and Practice hours |  |
| Phone operation | Answering protocols, transferring |  |
| Emails | Signature/Title |  |
| Business Operation System (BOS) | Intranet – Policies, procedures, forms  Clinical 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: |  |