| **Area** | **Points to cover** | **Date completed** |
| --- | --- | --- |
| Human Resources | ☐ 100 points of ID  ☐ Document indicating Worker’s right to work in Australia  ☐ NDIS Worker Screening clearance (or Police check)  ☐ Working With Children Check (if applicable)  ☐ Position Description  ☐ HR employment forms  ☐ Employment contract  ☐ Covid-19 Vaccination Certificate | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Organisation | ☐ Business Plan  ☐ Governance and Operation Management Policy | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Work Health and Safety | ☐ Work Health and Safety Policy (provided, reviewed, and the policy is understood)  ☐ Home Risk Assessment Checklist  ☐ Hazard Identification Checklist  ☐ Incident Report Form | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Company Policies | ☐ Assessment and Provision of Supports Policy (provided, reviewed, and the policy is understood)  ☐ Conflict of Interest Policy (provided, reviewed, and the policy is understood)  ☐ Continuous Improvement Policy (provided, reviewed, and the policy is understood)  ☐ Emergency and Disaster Management Policy (provided, reviewed, and the policy is understood)  ☐ Feedback and Complaints Policy (provided, reviewed, and the policy is understood)  ☐ Governance and Operation Management Policy (provided, reviewed, and the policy is understood)  ☐ Human Resources Policy (provided, reviewed, and the policy is understood)  ☐ Incident Management Policy (provided, reviewed, and the policy is understood)  ☐ Infection Prevention and Control Policy (provided, reviewed, and the policy is understood)  ☐ Management of Medication Policy (provided, reviewed, and the policy is understood)  ☐ Mealtime Management Policy (provided, reviewed, and the policy is understood)  ☐ Participant Money and Property Policy (provided, reviewed, and the policy is understood)  ☐ Participant Rights and Responsibilities Policy (provided, reviewed, and the policy is understood)  ☐ Privacy and Information Management Policy (provided, reviewed, and the policy is understood)  ☐ Risk Management Policy (provided, reviewed, and the policy is understood)  ☐ Support Coordination Policy (provided, reviewed, and the policy is understood)  ☐ Supported Independent Living Policy (provided, reviewed, and the policy is understood)  ☐ Violence, Abuse, Neglect, Exploitation and Discrimination Policy (provided, reviewed, and the policy is understood)  ☐ Waste Management Policy (provided, reviewed, and the policy is understood)  ☐ Work Health and Safety Policy (provided, reviewed, and the policy is understood) | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Participant processes | ☐ Participant Induction Checklist  ☐ Participant Information Booklet  ☐ Participant Intake Form  ☐ Participant Support Plan | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Emergency procedures | ☐ Reporting an emergency / Emergency plans  ☐ Business Continuity Plan (provided, reviewed, and the policy is understood) | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Learning and development | ☐ NDIS Worker Orientation module  ☐ Supporting People to Stay Infection Free module | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Equipment (if applicable) | ☐ Phone  ☐ Keys  ☐ Vehicle | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Introduction to the team | ☐ Director  ☐ Key Personnel Management  ☐ Workers | \_\_\_\_/\_\_\_\_/\_\_\_\_ |

**Declaration by Worker**

I have provided true and accurate information regarding my employment. I understand the information and responsibilities detailed in this induction.

Signed on ……./……./……..

…………………………………………. ………………………………………….

Signature Name (please print)

**Declaration by Supervisor**

I have addressed the applicable induction areas listed in this Worker Induction Checklist.

Signed on ……./……./……..

…………………………………………. ………………………………………….

Signature Name (please print)