| **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)