

## NEW EMPLOYEE INDUCTION CHECKLIST

EMPLOYEE NAME	Vishali	POSITION TITLE	Casual Educator
RESPONSIBLE PERSON INDUCTING	Shelja Butnrad	COMMENCEMENT DATE	29.1.24

Onboarding	COMPLETED	DATE COMPLETED	REQUIRED ACTION (if applicable)	RESPONSIBLE PERSON INITIALS	EMPLOYEE INITIALS
Job description physically given (as per appointed role & not on HR)		29.1.24		SB	VV
Confirmation of Employment (or contract)	✓	29.1.24		SB	VV
Code of Conduct discussed	✓	29.1.24		SB	VV
Working with Children Check	✓	29.1.24	WWCC# 4198728	SB	VV
Sign In/Out Requirements	✓	29.1.24		SB	VV
Confidentiality agreement	✓	29.1.24		SB	VV
Management structure	✓	29.1.24		SB	VV
Responsible person / process	✓	29.1.24		SB	VV
Tour of Service / Bathroom facilities / Locker	✓	29.1.24		SB	VV
Education & Care Services National Law & Regulations	✓	29.1.24		SB	VV
The National Quality Standard	✓	29.1.24		SB	VV
Belonging, Being and Becoming: Early Years Learning Framework	✓	29.1.24		SB	VV
My Time, Our Place Framework for School Age Care in Australia	-	-		SB	VV
Early Childhood Code of Ethics	✓	29.1.24		SB	VV
Building access	✓	29.1.24		SB	VV
Leave application process	✓	29.1.24		SB	VV
Breaks	✓	29.1.24		SB	VV

Parking	✓	29.1.24		SB.	NV
Service Philosophy	✓	29.1.24		SB.	NV
Uniform Policy/Dress Code/Hat	✓	29.1.24	Log.	SB.	NV

SERVICE POLICIES and PROCEDURES	COMPLETED	DATE COMPLETED	REQUIRED ACTION (if applicable)	SUPERVISOR INITIALS	EMPLOYEE INITIALS
Child Protection Policy	✓	29.1.24		SB	NV
Sick Leave Policy and Procedure	✓	29.1.24		SB.	NV
Code of Conduct Policy	✓	29.1.24		SB	NV
Behaviour Guidance Policy	✓	29.1.24		SB.	NV
Educational Program Policy	✓	29.1.24		SB.	NV
Work Health and Safety Policy	✓	29.1.24		SB.	NV
Privacy & Confidentiality Policy	✓	29.1.24		SB.	NV
Emergency Evacuation Policy	✓	29.1.24		SB.	NV
Medical Conditions Policy	✓	29.1.24		SB.	NV
Grievance Policy	✓	29.1.24		SB.	NV
Safe Transportation Policy	✓	29.1.24		SB.	NV
Entire service policies and procedure manual shown and accessible	✓	29.1.24		SB.	NV

WORK HEALTH and SAFETY	COMPLETED	DATE COMPLETED	REQUIRED ACTION (if applicable)	SUPERVISOR INITIALS	EMPLOYEE INITIALS
Shown hazard and incident reporting procedures, including location of forms that need to be completed and maintenance record	✓	29.1.24		SB.	NV
Shown incident/injury reporting procedure including location of forms	✓	29.1.24		SB.	NV
Informed of location and use of fire fighting and emergency equipment	✓	29.1.24		SB	NV

Advised of emergency procedures, including emergency exits, assembly points and who to contact	✓	29-1-24	SB.	VV
Shown the location of Safety Data Sheets (SDS) for hazardous substances	✓	29-1-24	SB.	VV
Discussed general housekeeping procedures	✓	29-1-24	SB.	VV
Discussed Probationary period and orientation program	✓	29-1-24	SB.	VV
Advised of termination of employment conditions	✓	29-1-24	SB.	VV
Informed of security procedures	✓	29-1-24	SB.	VV
Shown location of First aid kits	✓	29-1-24	SB.	VV

SERVICE INDUCTION	COMPLETED	DATE COMPLETED	REQUIRED ACTION (if applicable)	SUPERVISOR INITIALS	EMPLOYEE INITIALS
Rosters/ Shift times	✓	29-1-24		SB.	VV
Staff Meetings	✓	29-1-24		SB.	VV
Equipment and resources	✓	29-1-24		SB.	VV
Educational Planning	✓	29-1-24		SB.	VV
Daily Routines	✓	29-1-24		SB.	VV
Service Menu	✓	29-1-24		SB.	VV
Children with medical management plans, including location of epipens/asthma inhalers	✓	29-1-24		SB.	VV
Children with dietary requirements	✓	29-1-24		SB.	VV
Use of mobile phone	✓	29-1-24		SB.	VV
Use of service software program for communication with families	✓	29-1-24		SB.	VV
Staff contacts	✓	29-1-24		SB.	VV
Shift duties	✓	29-1-24		SB.	VV
Discussion of court orders in place	✓	29-1-24		SB.	VV
Safe Transportation of Children procedures (if applicable)	✓	29-1-24		SB.	VV

Child Protection Law and mandatory reporting obligations	✓	29.1.24	SB.	VV
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INTRODUCED TO KEY PEOPLE	COMPLETED	DATE COMPLETED	REQUIRED ACTION (if applicable)	SUPERVISOR INITIALS	EMPLOYEE INITIALS
Nominated Supervisor and Responsible Person/s	✓	29.1.24		SB.	VV
Educational Leader	✓	29.1.24		SB.	VV
Room Leaders and Educators	✓	29.1.24		SB.	VV
Kitchen staff	✓	29.1.24		SB.	VV

ACTION PLAN – ANY FURTHER ITEMS TO BE DISCUSSED AND FOLLOW UP	COMPLETED	DATE COMPLETED	REQUIRED ACTION (if applicable)	SUPERVISOR INITIALS	EMPLOYEE INITIALS

I acknowledge I have participated in this induction checklist with the Nominated Supervisor/ Responsible Person

CONDUCTED BY (Inductor):	Shelye Burnead	SIGNATURE	Shelye	DATE CONDUCTED	29.1.24
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CONDUCTED BY (Inductee):	Vishwadi	SIGNATURE	vishwadi	29/1/24
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