**Employee Induction Checklist**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Start Date** |  |
| **Line Manager** |  |

**General Induction – Senior Administrator**

|  |  |  |
| --- | --- | --- |
| **Induction Item** | **Date to be completed by** | **Date completed** |
| Online completion and return of personal and payroll forms |  |  |
| Explanation of Appraisal System |  |  |
| Reporting Sickness |  |  |
| Explanation of annual leave form and how it works |  |  |
| Issue of Strategic Plan |  |  |
| Issue of Staff Handbook |  |  |
| Introduction to LOD and its projects |  |  |
| Staff organisational chart |  |  |
| Staff introductions |  |  |
| How to order stationery, booking meeting rooms |  |  |
| Policies and procedures |  |  |

**Health and Safety Induction – Hub Co-Ordinator**

|  |  |  |
| --- | --- | --- |
| **Induction Item** | **Date to be completed by** | **Date completed** |
| Health & Safety Policy |  |  |
| Tour of office, including assembly points in event of emergency |  |  |
| Explanation of fire alarms  Security of building, including signing in/out |  |  |
| Issue of key, receipt to be signed\* |  |  |
| Car parking |  |  |
| Lone Working |  |  |

**Office Equipment – Senior Administrator**

|  |  |  |
| --- | --- | --- |
| **Induction Item** | **Date to be completed by** | **Date completed** |
| Demonstration of photocopier/printer/scanner |  |  |
| Demonstration of franking machine |  |  |
| Ergonomics of work station (DSE form to be completed) |  |  |

**IT Induction – Hub Co-Ordinator**

|  |  |  |
| --- | --- | --- |
| **Induction Item** | **Date to be completed by** | **Date completed** |
| Issue of Laptop |  |  |
| Issue of work mobile phone |  |  |
| Issue of username and password |  |  |
| Introduction to Outlook |  |  |
| Introduction to shared drive and website |  |  |
| Security / IT Data Protection |  |  |
| Explanation and set up of remote access – Cosmic |  |  |

**Financial Procedures – Finance Manager**

|  |  |  |
| --- | --- | --- |
| **Training** | **Date to be completed by** | **Date completed** |
| **Financial instructions e.g. raising invoices, claiming expenses etc.** |  |  |
| **Payment: Salaries, Expenses, Invoices.** |  |  |

**Mandatory New Starter Training**

|  |  |  |
| --- | --- | --- |
| **Training** | **Date to be completed by** | **Date completed** |
| Disability Awareness |  |  |
| Deaf Awareness |  |  |
| Safeguarding |  |  |
| Data Protection and GDPR |  |  |

**Once the above list has been completed, please sign below to confirm everything has been understood and forward to your line manager for their signature. Please then forward to** [**charlie.miller@livingoptions.org**](mailto:charlie.miller@livingoptions.org) **who will place on your HR file.**

|  |  |
| --- | --- |
| **Staff Member / date** |  |
| **Line Manager / date** |  |