# Attachment 2: Student and volunteer induction checklist

## Quality area 7: Governance and leadership

**7.1.2 Management systems**: Systems are in place to manage risk and enable the effective management and operation of a quality service.

1. Orientation for volunteers and students on placement will be conducted by the nominated supervisor
2. The induction checklist will be completed within one week and signed by the inductor and inductee
3. The new employee will be given a copy of their induction, with the original kept in their staff file
4. New employee and nominated supervisor will initial each section throughout the orientation

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| Student/volunteer name |  | School/organisation name/contact number |  |
| Lead supervisor name |  | **Commencement date** |  |

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| Human Resources | Completed | Date completed | Required action (If applicable) | Supervisor initials | Employee initials |
| Student/Volunteer Application form completed |  |  |  |  |  |
| Student/ Volunteer Handbook |  |  |  |  |  |
| Working with Children Check |  |  |  |  |  |
| Sign In/Out Requirements |  |  |  |  |  |
| Confidentiality agreement  |  |  |  |  |  |
| Tour of Service / Bathroom facilities / Locker (If supplied) |  |  |  |  |  |
| Education and Care Services National Law and Regulations  |  |  |  |  |  |
| Building access  |  |  |  |  |  |
| Leave application process |  |  |  |  |  |
| Breaks  |  |  |  |  |  |
| Parking  |  |  |  |  |  |
| ELV Philosophy |  |  |  |  |  |
| Uniform Policy/Dress Code/Hat |  |  |  |  |  |

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| Service policies and procedures | Completed | Date completed | Required action (If applicable) | Supervisor initials | Employee initials |
| ELV Protecting Children Policy |  |  |  |  |  |
| ELV Child Safety and Wellbeing Policy |  |  |  |  |  |
| ELV Handling Complaints and Feedback Policy |  |  |  |  |  |
| ELV Staffing Overview Policy |  |  |  |  |  |
| ELV Code of Conduct Policy |  |  |  |  |  |
| ELV Supervision of Children Policy |  |  |  |  |  |
| ELV Educational Program Policy |  |  |  |  |  |
| ELV Privacy Policy  |  |  |  |  |  |
| ELV Emergency Management and Evacuation Policy |  |  |  |  |  |
| ELV Management of Medical Conditions Policy |  |  |  |  |  |
| ELV Electronic Device and Photography Policy |  |  |  |  |  |
| ELV Excursions, Incursions and Regular Outings Policy |  |  |  |  |  |
| Other: |  |  |  |  |  |

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| Work Health and Safety | Completed | Date completed | Required action (If applicable) | Supervisor initials | Employee initials |
| Shown hazard and incident reporting procedures |  |  |  |  |  |
| Instructed on how to correctly use and store personal protective equipment (PPE) (If applicable) |  |  |  |  |  |
| Shown incident/injury/near miss reporting procedure including location of forms |  |  |  |  |  |
| Informed of location and use of fire fighting and emergency equipment |  |  |  |  |  |
| Advised of emergency procedures, including emergency exits, assembly points and who to contact |  |  |  |  |  |
| Shown the location of Safety Data Sheets (SDS) for hazardous substances |  |  |  |  |  |
| Discussed general housekeeping procedures |  |  |  |  |  |
| Informed of security procedures |  |  |  |  |  |
| Shown location of first aid kits |  |  |  |  |  |

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| Service Induction | Completed | Date completed | Required action (If applicable) | Supervisor initials | Employee initials |
| Shift times |  |  |  |  |  |
| Equipment and resources  |  |  |  |  |  |
| Educational Planning  |  |  |  |  |  |
| Daily Routines  |  |  |  |  |  |
| Service Menu  |  |  |  |  |  |
| Children with medical management plans, including location of epi-pens/asthma inhalers  |  |  |  |  |  |
| Children with dietary requirements  |  |  |  |  |  |
| Use of mobile phone |  |  |  |  |  |
| Shift duties  |  |  |  |  |  |
| Discussion of court orders in place  |  |  |  |  |  |
| Child Protection Law and mandatory reporting obligations |  |  |  |  |  |

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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 |  |  |  |  |  |
| Educational Leader |  |  |  |  |  |
| Room Leaders and Educators |  |  |  |  |  |

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| Action plan – Any further items to be discussed and followed up | Completed | Date completed | Required action(If applicable) | Supervisor initials | Employee initials |
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#### I acknowledge I have participated in this induction checklist with the Nominated Supervisor/ Responsible Person

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| CONDUCTED BY (Inductor): |  | SIGNATURE |  | DATE CONDUCTED |
| CONDUCTED BY (Student/Volunteer): |  | SIGNATURE |  |  |