

Worl	ker's name:		
Empl	loyment start date:		
Posit	ion/job		
Man	ager/supervisor:		
Depa	artment/Section:		
Explain	your business:		Taxation and any other deductions (including
	The structure		completing the required forms)
	The type of work	Union membership and award	Union membership and award conditions.
List and	l introduce your key people and their roles:		
	Manager/owner		
	Supervisor(s)		
	Co-workers		
	Health and safety representative(s)		
	Fire/emergency warden(s)		
Explain	their employment conditions:		
	Name of award or agreement (if relevant) and award conditions		
	Job description and responsibilities		
	Leave entitlements		
	Notification of sick leave or absences		
	Out of hours enquiries and emergency procedures		
	Time recording procedures		
	Work times and meal breaks		
Explain	their pay:		
	Pay arrangements		
	Rates of pay and allowances		

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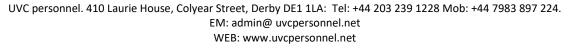
Superannuation







Explain your work nealth and safety administration:		Explain	Explain your security:		
	Consultative and communication processes, including employee health and safety representatives		Cash For each worker and for their personal belongings		
	Hazard reporting, including where to find forms Incident /accident reporting procedures, including where to find reporting forms Hazards of work Policy and procedures Roles and responsibilities Employee assistance program (EAP) Workers compensation claims	Show y	Car parking Eating facilities Locker and change rooms Phone calls and message collecting system Washing and toilet facilities Work station, tools, machinery and equipment used for job		
Show yo Safe wo	ur work health and safety environment: rk procedures (SWPs) List:	Explair	Procedures for the workplace buildings n your training: First aid, fire safety and emergency procedures training		
3			Hazard-specific training (for example, manual handling, hazardous substances) On the job training in safe work procedures Job-specific training (for example, if a license or permit is required)		
	Emergency plan, procedures, exits and fire extinguishers First aid facilities such as the first aid kit and room Information on workplace hazards and controls				











Conduct a follow-up review:					
Repeat any training required or provide additional training if needed					
Review work practices and procedures with the worker					
Ask and answer questions					
Comments/follow up action					
Induction Acknowledgment					
Conducted by (Name):	Date:				
Signature:	Date:				
Position/Job:	Worker's Signature:				
Notes:					
Induction review date:	Review comments:				
Conducted by (Name):	Date:				
Signature:	Date:				
Position/Job:	Worker's Signature:				
Notes:					

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