**Induction Checklist**

# Private and Confidential

| PERSONAL INFORMATION | |
| --- | --- |
| **NAME:** |  |
| **JOB ROLE:** |  |
| **START DATE:** |  |

Please read this form and then sign the statement below:

I have read and understood the current Employee Handbook. I accept that it forms part of my Contract of Employment (except where the contrary is expressly stated) and I will keep myself informed of its contents. I agree that those entitlements and provisions relating to the Working Time Legislation (e.g. annual holidays) constitute a Relevant Agreement for the purposes of this legislation.

Employee Signature: …………………………………….. Date: …………………………

| Information to be Provided by You (Details marker \* to be recorded below) | | |
| --- | --- | --- |
| P45 or P15 /signature on P46 | ☐ |  |
| National Insurance Number | ☐ | No: |
| Certificate of Reduced rate NI | ☐ | Expiry date: |
| SSP Leavers Form | ☐ |  |
| SSP Change-over Form | ☐ |  |
| DSS Link Letter | ☐ |  |
| Personal Pension Details | ☐ | Contracted Out: Yes / No |
| Bank Details | ☐ | \*Address, Sort Code and Account No |
| Emergency Contact | ☐ | \*Name, Address, Phone No, Relationship |
| Driving Licence | ☐ |  |
| Work Permit (non-EU Residents only) | ☐ |  |
| Education Certificates | ☐ |  |
|  | ☐ |  |

| Joining Information | | |
| --- | --- | --- |
| Bank Details | Address: | |
|  |  | |
|  | Sort Code: | |
|  |  | |
|  | Account No: | |
|  |  | |
| Emergency Contact | Name: |  |
|  |  | |
|  | Address: | |
|  |  | |
|  | Phone No: | |
|  |  | |
|  | Relationship: | |
|  |  | |

| **PLEASE CHECK THE FOLLOWING BOXES ONCE THE INFORMATION HAS BEEN PROVIDED**  **(to be completed within first month)** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **JOB:** | | **COMPANY:** | | | |
| ROLE AND RESPONSIBILITIES | ☐ | MISSION STATEMENT | | ☐ | |
| INTRODUCTION TO COLLEAGUES | ☐ | PRODUCT AWARENESS | | ☐ | |
| TRAINING POLICY | ☐ | COMPANY OBJECTIVES | | ☐ | |
| WEEKLY HOURS | ☐ | HEALTH & SAFETY POLICY | | ☐ | |
| SALARY ADMINISTRATION | ☐ | FIRST AID | | ☐ | |
| HOLIDAY PROCEDURE | ☐ | ACCIDENT PROCEDURE | | ☐ | |
| SICKNESS PROCEDURE | ☐ | SMOKING POLICY | | ☐ | |
| DISCIPLINARY PROCEDURE | ☐ | EVACUATION PROCEDURES | | ☐ | |
| GRIEVANCE PROCEDURE | ☐ | DRESS CODE / PPE | | ☐ | |
| WELFARE FACILITIES | ☐ | COMMUNICATION | | ☐ | |
|  | ☐ | Management System Policy | | ☐ | |
| DISCUSS EMPLOYEE HANDBOOK | ☐ |  | |  | |
| DISCUSS SAFETY HANDBOOK | ☐ |  | |  | |
|  |  |  | |  |  |
|  |  |  |  |  | |

| DECLARATION | |
| --- | --- |
| **I CONFIRM THAT THE ABOVE ITEMS HAVE BEEN FULLY EXPLAINED TO ME** | **I CONFIRM THAT THE ABOVE INFORMATION HAVE BEEN PROVIDED BY THE UNDERSIGNED** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **EMPLOYEE’S SIGNATURE** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **MANAGER’S SIGNATURE** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **DATE** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **DATE** |

| **3-Month Review (include outcome and any immediate training needs):**  **Proposed Date of Annual Appraisal ……………….** |
| --- |