**Local induction checklist for home-based staff**

Scan and return within one month of commencing in post. **Individual needs to keep the original copy for audit purposes.**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee name: |  |  | Start date: |
| Job role/title: |  |  |  |
| Directorate/department: |  |  |  |
| Manager name/clinical lead: |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subject** | **Employee signature to confirm completion** | **Manager signature to confirm**  **completion** | **Employee signature to confirm completion and understanding** | **Date** |
| |  | | --- | | **Dept aims and objectives explained** | |  |  |  |  |
| |  | | --- | | **Introduction to team** | |  |  |  |  |
| |  | | --- | | **Explanation of home working procedures** | |  |  |  |  |
| **Mandatory training - BEAT VLE** |  |  |  |  |
| **Relevant health and safety procedures (including DSE assessment)** |  |  |  |  |
| **Home working procedures discussed** |  |  |  |  |

**Local induction checklist completion slip**

Scan and return to [training.enquiries@uhd.nhs.uk](mailto:training.enquiries@uhd.nhs.uk) within one month of commencing in post. **Individual needs to keep the original copy for audit purposes.**

|  |  |
| --- | --- |
| **Employee name:** |  |
| **Date started in post:** |  |
| **Directorate:** |  |

|  |  |
| --- | --- |
| **Manager signing to confirm the above completed:** |  |