**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** |
|

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| **Dept aims and objectives explained** |

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| **Introduction to team**  |

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| **Explanation of home working procedures** |

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| **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 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:** |  |