Attachment 1. Sample induction checklist for volunteers and students

Name: Date:

To be completed by all volunteers and students participating at Keon Park Kindergarten and returned to the nominated supervisor prior to commencing at the service.

| Volunteer/Student | Please tick |
| --- | --- |
| I have been given access to all the policies and procedures of Keon Park Kindergarten via the website |  |
| I understand the content of service policies and procedures, including those relating to: |  |
| * conduct while at the service (Code of Conduct Policy) |  |
| * emergency, evacuation, fire and safety, including locations of fire extinguishers and emergency exits (Emergency and Evacuation Policy) |  |
| * accidents at the service (Incident, Injury, Trauma and Illness Policy) |  |
| * dealing with medical conditions (Dealing with Medical Conditions Policy, Asthma Policy, Anaphylaxis and Allergic Reactions Policy, Diabetes Policy, Epilepsy and Seizures Policy and Administration of Medication Policy) |  |
| * good hygiene practices (Hygiene Policy and Food Safety Policy) |  |
| * dealing with infectious diseases (Dealing with Infectious Diseases Policy) |  |
| * first aid arrangements for children and adults, including the location of the nearest first aid kit (Administration of First Aid Policy) |  |
| * daily routines |  |
| * the importance of OHS and following safe work practices (Occupational Health and Safety Policy) |  |
| * interacting appropriately with children (Interactions with Children Policy) * Using positive language * Using visual communications |  |
| * reporting of serious incidents and notifiable incidents at the service (Incident, Injury, Trauma and Illness Policy, Compliments and Complaints Policy and Occupational Health and Safety Policy) |  |
| * reporting hazards in the workplace (Occupational Health and Safety Policy) |  |
| * handling complaints and grievances (Compliments and Complaints Policy) |  |
| * child safety and wellbeing and child protection including how to respond to concerns (Child Safe Environment and Wellbeing Policy) |  |
| * privacy and confidentiality of information (Privacy and Confidentiality Policy) |  |
| I am aware of the non-smoking policy of the service and not be affected by alcohol or drugs (including prescription medication) that would impair my capacity to complete my tasks (Tobacco, E-Cigarettes, Alcohol, and other Drugs Policy) |  |
| The expectations of my placement/engagement, my role and responsibilities (including attending to the requirements of children with additional needs) have been clearly explained to me by my supervisor |  |
| I am aware that I am expected to participate in general tasks, including maintaining the environment in a clean, safe and tidy condition |  |

Volunteer or student name:

Signature: Date:

Nominated Supervisor’s name:

Signature: Date: