

Trikki Kidz Early Learning Group - ORIENTATION CHECKLIST

To be provided to worker (employee/volunteer) at commencement. Each item is to be checked off and dated by responsible owner, line manager or delegated team member. Once completed, scan and return to trudy@trikkikidz.com.au for recording in personnel file. Must be received prior to 3-month probation review and signoff (if applicable).

Worker Details

Full Name: _____ **Position:** _____
Start Date: _____ **Line Manager:** _____
Trikki Kidz Pty Ltd Site Address: _____ **Trikki Kidz Pty Ltd Program:** _____

Orientation Reason: (Please select)

New Worker
 Relocating Worker
 Returning Worker (>6 months absence from site)

Date Completed: ____/____/____

DAY 1:

ITEM:	Actioned:	N /A:	Date Completed:	Responsible Owner:
1. Site Tour				Line Manager / Delegate
1.1 Facilities/Amenities:				
Toilets and washing facilities	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	
Kitchen / tea stations	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	
Storage area for personal items	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	
Car parking arrangements (including permits/restricted areas)	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	
Meeting rooms / communal areas	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	
Office etiquette (open plan work areas and expectations / desk share arrangements - if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	

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1.2 Emergency Procedures				Line Manager / Delegate
Site specific emergency response procedures:				
Fire Warden	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
Evacuation Plans	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
Emergency Exits/Pathways	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
Emergency Alarm Systems	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
First Aid Kits (location)	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
Site First Aider (if applicable to site)	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
Location of Material Safety Data Sheets (MSDS)	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
Personal Protective Equipment (PPE) – if applicable	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
Spill Kit(s) locations (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
WHS Information Boards (notices & HSR Health & Safety Representative)	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
Risk identification and reporting (i.e. site-specific hazards such as asbestos, high risk clients)	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
Business Continuity Plan (BCP) – show plan for specific site and discuss	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	

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1.3 Security/Site Access:				Line Manager / Delegate
Site access	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
Site hours of operation	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
2. Introductions & General Information				
2. Introductions & General Information				Line Manager / Delegate
Introduction to team members and key contacts (as applicable to role and site).	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
Explain Programs/Services on site.	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
Hours of work – confirm hours and explain time allocated for tea/lunch breaks (as applicable) and the importance of work/life balance.	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
Worker sick or running late – who to notify?	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
Dress code expectations – confirm if not previously discussed at recruitment (i.e. neat attire appropriate for role, any relevant PPE/protective clothing required, no thongs, ripped jeans etc.)	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
Payroll Information (if applicable) – explain in brief: <ul style="list-style-type: none"> ○ Date worker can expect their first pay ○ Timesheet submission requirements ○ Rosters ○ Expense claims / Mileage 	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
<p>Day 1 – Orientation Sign Off</p> <p>Full Name (Worker): _____ Line Manager / Delegate: _____</p> <p>Signature (Worker): _____ Signature (Line Manager / Delegate): _____</p>				

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Week 1				
ITEM:	Actioned:	N /A:	Date Completed:	Responsible Owner:
3. Site Office Equipment and Procedures:				Line Manager / Delegate
Photocopier, fax, printers (explain code for access if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
Stationery – accessing general supplies and how to order stationery items.	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
Email/mail	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
4. Work Station Setup & IT Systems/Requirements (as applicable):				Line Manager / Delegate
IT Equipment Set Up:				
<ul style="list-style-type: none"> ○ PC/Laptop/Tablet ○ Desk Phone/Mobile Phone and voicemail set up ○ Email Account ○ Windows Username & Password ○ Location of Team/Program shared drives/files 	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
Explain to worker how to access <business 'S'> Policies & Procedures.	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
Explain Trikki Kidz Pty Ltd emails and the importance of reading daily communications.	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
Request that they familiarize themselves with <business 'S'> policies and procedures, the following: <ul style="list-style-type: none"> ○ Code of Conduct & Ethics ○ Social Media - Policy ○ Smoke-Free - Policy ○ Drug & Alcohol - Policy ○ Bullying, Discrimination and Harassment - Policy ○ Equal Employment Opportunity & Diversity - Policy ○ Privacy - Policy ○ Infection Prevention and Control – Procedure ○ Grievance – Policy 	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	

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Incident Reporting: <ul style="list-style-type: none"> ○ Explain the Incident Reporting Policy and Procedure 	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	
5. Position & Program Orientation:				Line Manager / Delegate
Position Description – discuss role and expectations, arrange handover (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	
Organizational Chart – provide a copy of organization chart and explain where their role is situated	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	
Provide information / direct new worker where to find <business 'S> Customer Charter, Service Principles and Strategic Plan	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	
Orientation to Program / Discipline (if applicable) – items may include, but are not limited to:				
<ul style="list-style-type: none"> ○ Safe work procedures ○ Program and service information. ○ Expectations of service provision. ○ Targets and statistics /appointments. ○ Clinical and specialist arrangements. ○ Referral systems and processes. ○ Record keeping and file management. ○ Complaints/grievances. ○ Program planning and evaluation. ○ Supervision / two-way feedback processes. ○ Team meetings/external meetings. 	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	

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Week 1 – Orientation Sign Off

Full Name (Worker): _____ Line Manager/Delegate: _____

Signature (Worker): _____ Signature (Line Manager/Delegate): _____

Month 1

ITEM:	Actioned:	N /A:	Date Completed:	Responsible Owner:
6. <u>Mandatory Training for 'All Trikki Kidz Pty Ltd Personnel':</u>				Line Manager / Delegate
Undertake mandatory online training modules required by all workers (employees/volunteers) at Trikki Kidz Pty Ltd: <ul style="list-style-type: none"> ○ Bullying and Harassment for Employees ○ Freedom of Abuse & Neglect ○ Open Disclosure 	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	
Code of Conduct – sign off	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	
Undertake discipline/program specific mandatory training as required and directed by line manager.	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	

Month 1 – Orientation Sign Off

Full Name (Worker): _____ Line Manager/Delegate: _____

Signature (Worker): _____ Signature (Line Manager/Delegate): _____