



# Induction Pack

## Induction Checklist

Employee Name: .....

Job Title:.....

Start Date:.....

Manager's Name:.....

*All criteria marked with a \* should be covered in the induction presentation.*

<b>Criteria</b>	<b>Completed</b>	<b>Comments</b>
Introduction to manager and colleagues (Manager)		
Payroll documentation (P45/P46) NI number, bank details (Welcome Pack – Payroll/HR)		
Issued a copy of the company handbook (Welcome Pack – Payroll/HR)		
Issue of equipment e.g. Phone, Laptop. (Manager)		
Health and Safety: policy; rules; fire and emergency procedures; first aid; reporting of accidents *		
Company history, structure and organisation *		
Tour of premises (Manager)		
Copy of Driving Licence (Manager/HR)		
<b>Terms and Conditions</b>	<b>Completed</b>	<b>Comments</b>
Hours, breaks, wages and payment periods *		
Holidays *		
Probationary period *		
Period of notice *		
Sickness procedure *		
Pension arrangements *		
Discipline and grievance procedures (Handbook)		
Equality and Diversity*		

Smoking policy (Handbook)		
General behaviour/dress code (Handbook)		

New Starter Form

**Please complete all information as necessary:**

Date of Birth:...../...../.....N.I Number:.....

Address:.....  
.....

Postcode:.....

Home No:.....Mobile No:.....

**Next of Kin**

Full Name:.....Relationship:.....

Telephone.....Address.....  
.....

**Bank or Building Society Details:**

Name:.....Branch:.....

Address:.....  
.....

Sort Code:   -   -

Account number:

**Office use only**

Job Title:.....Department No:.....

Documents Enclosed:  P45  P46  P38S

Salary:.....

**NB. Please ensure this form is fully completed accurately to enable your salary to be paid in line with your Terms of Employment.**

P46:Employee without a form P45

## Equality and Diversity Monitoring Form

In accordance with our equality and diversity policy, we are monitoring our workforce to ensure that we provide equal opportunities and to make sure that discrimination does not occur because of race, sexual orientation, gender reassignment, religion or belief, marital or civil partnership status, age, disability or pregnancy and maternity.

So that we can assess the success of this policy, we would like to run a bi-annual report. Therefore we would be grateful if you would complete the questions on this monitoring form and return it to Samantha Unsworth as soon as possible. We have asked for your name to enable us to gather an accurate picture and gather any uncompleted forms.

**All information supplied will be treated in confidence and will not be seen by any other employee. The data will be used solely to provide diversity statistics for the company.**

Thank you for your help.

### Confidential

1. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Transgender	
2. Preferred Title	<input type="checkbox"/> Miss <input type="checkbox"/> Ms	<input type="checkbox"/> Mr <input type="checkbox"/> Dr	<input type="checkbox"/> Mrs <input type="checkbox"/> Other: .....
3. Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Single <input type="checkbox"/> Widowed	<input type="checkbox"/> Civil Partnership <input type="checkbox"/> Separated <input type="checkbox"/> Other: .....
4. Ethnic Origin	<input type="checkbox"/> White British <input type="checkbox"/> White Other <input type="checkbox"/> Black/Black British <input type="checkbox"/> Chinese	<input type="checkbox"/> White Irish <input type="checkbox"/> Asian <input type="checkbox"/> Mixed <input type="checkbox"/> Dutch	<input type="checkbox"/> White Scottish <input type="checkbox"/> Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Other: .....
5. Disability	Do you consider yourself to be disabled under the equality act 2010? <small>(The Disability Discrimination Act (1995) – Still in force under the Equality Act 2010 – defines as “a physical or mental impairment that has a substantial, long term and adverse effect on a person’s ability to carry out day to day activities).</small>		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the nature of your disability? (Optional)			
6. Age range	<input type="checkbox"/> 16 - 24 <input type="checkbox"/> 45 - 54	<input type="checkbox"/> 25 - 34 <input type="checkbox"/> 55 - 64	<input type="checkbox"/> 35 - 44 <input type="checkbox"/> 65 +
7. Sexual orientation	<input type="checkbox"/> Lesbian <input type="checkbox"/> Straight	<input type="checkbox"/> Gay <input type="checkbox"/> Bi-sexual	<input type="checkbox"/> Prefer not to say

**The information you have provided here will be stored either on paper records or on a computer system in accordance with the Data Protection Act 1998 and will be used solely to monitor the diversity of Baltic Training Services’ recruitment regarding Equal Opportunity issues.**

## Electronic Payslips

I am writing to inform you of the new facility we have available.

This facility became available from the 1<sup>st</sup> October 2012, and will result in you receiving a PDF payslip to your chosen e-mail account. All payslips will be protected, with your national insurance number being the password – All letters in your NI Number must be in UPPERCASE. This PDF file can then be printed by you if you wish to do so.

Can I therefore ask you to complete the declaration below.

### **Declaration**

I would like my password protected payslip to be e-mailed to the following address:

Email:.....

Yes  No

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## Equipment Indemnity

*(Please note that this form must be signed before any company equipment is handed over)*

The following items will be issued by the company:

Item	Model Number	Value (GBP) – HR Use Only
Mobile Handset		
Bluetooth Headset		
Dongle		
Laptop		
	<b>Total:</b>	

When employment is terminated by either party all equipment is to be returned regardless of its condition. All monies owed will be held until all equipment has been returned to a member of management. In the event of non-return of equipment, the money will be deducted from your final pay as detailed above.

## Induction Presentation Feedback

Manager Name:.....

Date Used:...../...../.....

Was the induction presentation effective, helpful in inducting the new employee? And why?

*For example, did it help with standardisation; did it make the process easier to carry out?*

How long did it take to carry out?

Were the slides clear and easy to understand? If not, why?

Is there anything you would add to the presentation? If yes, what would you add?

Is there anything you would remove from the presentation? If yes, what would you remove?

Other comments?

## Medical Questionnaire

National Insurance No:.....

Name & Address of GP:.....

.....

Proposed Start Date:...../...../.....

Please complete all of the questions. Should you require assistance or you do not understand any questions, please raise the matter immediately. All details disclosed will remain strictly confidential. Remember, failure to disclose or attempt to mislead could result in immediate dismissal.

This medical questionnaire is designed to ensure that you are physically and mentally suitable to the work which you will be assigned and that you will not be either putting yourself or others at risk.

Enter either yes or no. A tick or cross is insufficient.

*Are you or have you at any time suffered from any of the following?*

**Yes/No**

1	Fits, fainting epilepsy, giddiness, bouts of unconsciousness/blackouts?	
2	High blood pressure, angina, heart attack, heart disease?	
3	Short of breath, ankle swelling, palpitations?	
4	Asthma, pneumonia, bronchitis, chest disorder or illness?	
5	Kidney or bladder problems, cystitis?	
6	Skin disorders such as dermatitis, eczema?	
7	Varicose veins, thrombosis, phlebitis or other circulatory problems?	
8	Rheumatism, Rheumatic Fever, arthritis or other joint problems?	
9	Diabetes, gland or thyroid problems?	
10	Migraine or frequent headaches?	
11	Typhoid or food poisoning?	
12	Jaundice or Hepatitis?	
13	Tuberculosis (including other family members)?	
14	Any other medical condition or recurring problem that has caused you absence from work?	

*Please answer the following questions and comment at the bottom where applicable:*

15	Have you ever failed a medical examination?	
16	Have you ever been to hospital in-patient (excluding pregnancy)?	
17	Do you wear a hearing aid?	
18	Do you wear glasses or use contact lenses?	
19	Have you ever been prescribed glasses?	
20	Have you ever been treated for stress, depression, nervous disorder or mental illness?	
21	Have you ever suffered with a back, neck or upper limb disorder?	
22	Have you ever suffered with lower limb problems including fractures?	
23	Have you ever been treated for drugs or alcohol dependency?	
24	Are you registered or have you ever been registered disabled?	
25	Have you ever received payment for industrial or work-related injury, disease etc?	
26	Are you seeking payment or awaiting an award for work-related injury, disease etc?	
27	Are you receiving any disability payments or compensation?	
28	Have you in the past 5 years been absent from work, training or education for more than two weeks?	



29	Have you ever been exposed to high noise levels, including during pastimes e.g. shooting?	
30	Have you ever been exposed to dust or fumes in previous employment?	
31	Are you physically and mentally fit to lift, climb, push, pull, bend and carry?	
32	Are you currently in good health?	

*Please use the box below to comment on any questions you have answered Yes to.*

**Declaration**

1. I fully understand the questions and have responded to them to the best of my knowledge and ability.
2. I have no objections to Baltic Training Services communicating with my GP or other medical staff.
3. I am willing to submit myself for a medical examination if required.

## Acknowledgement

I acknowledge I have read and understood all documentation contained within the Induction booklet.

I have read and understand the Company handbook and all policies and procedures held within it.

I have received copies of the health and Safety policy, Fire and Emergency evacuation plan and VDU workstation booklet.

I have completed the new starter form and P46 form if a P45 is not available.

I have read understood and completed the equal opportunities monitoring forms and agree to their use.

I have indicated how I would like to receive my payslip.

I will take full responsibility for equipment belonging to Baltic Training Services that I use during the course of my employment and return it regardless of condition upon my departure from Baltic Training services.

I have completed and signed the medical questionnaire provided in the induction booklet this has been witnessed and signed by my line manager.

My line manager has delivered the presentation on the company history and portfolio of services.

Signature:.....(Employee)

Date:.....