INAP STUDENT INDUCTION CHECKLIST

Course Name: …… Semester …… 20……

At the first lesson of training ***PLEASE*** induct all students

Below is an induction checklist, which is to be initialed by the trainer once all students have been inducted on each item showing on the checklist. Once all items have been completed, the trainer and every student attending your class ***MUST*** sign and date this form.

PLEASE RETURN THE ORIGINAL TO INAP ONCE ALL STUDENTS HAVE SIGNED THIS FORM

INAP STUDENT INDUCTION CHECK LIST	
Trainer to address each item of this checklist with the students at the first session	**Trainers Initials**
Welcome and introduction	
Shown through training facility	
Toilets identified	
Telephone	
Emergency procedures	
Accident or injury reporting	
Punctuality	
Absenteeism policy	
Personal hygiene and dress standards	
Personal standards behaviour expectations	
Breaks	
Occupational Health and Safety issues	
Equal Opportunity	
Privacy/Confidentiality	
TRAINER SIGNATURE: _____	**DATE:**

Student Name & Signature	Date	Email Address (Please PRINT)

Please use the back of this form if you run out of room to sign – thank you

Student Name & Signature	Date	Email Address (Please PRINT)