APPENDIX 2R – EMPLOYERS’ HANDBOOK *(Remove comments in red before issuing and insert details for individual employee in areas highlighted in grey.)*

**SAMPLE –** NOTE THE FOLLOWING PLAN IS INTENDED AS A GUIDE ONLY AND SHOULD BE TAILORED TO INDIVIDUAL CIRCUMSTANCES

**INDIVIDUAL INDUCTION PLAN**

*Name*

Welcome to *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (The Company)*

This is your induction plan. You are responsible for ensuring that all the items here are covered. Please keep a record of each of the activities as they happen and if you are having problems with any of the items please ask
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or me for help.

Regards

*Xxxxxxxxxxxxxxx*

|  |  |
| --- | --- |
| **Item** | **Completed (date)** |
|  |  |
| **Section A** |  |
| Familiarisation with location - nearest banks, sandwich shops and transport etc |  |
| Tour of company premises |  |
| Toilet facilities |  |
| Entrances and exits  |  |
| Kitchen and catering |  |
| Car parking facilities |  |
| Notice boards |  |
| Post  |  |
| Fax/photocopier |  |
| Computer systems |  |
| **Item** | **Completed (date)** |
|  |  |
| **Section B** |  |
| Emergency exits |  |
| Fire drill |  |
| Use of fire extinguisher |  |
| List of qualified first aiders |  |
| First Aid boxes |  |
| Health and safety policy |  |
| Accident report book |  |
| Security |  |
| Petty cash |  |
| Contract of employment  |  |
| Hours of work |  |
| Holidays and process for applying for holiday leave |  |
| Benefits |  |
| Sick absence procedures |  |
| Conduct |  |
| Smoking/drugs/alcohol policies |  |
| Equal Opportunities |  |
| Performance management – feedback and reviews |  |
| Use of computers, internet, mobile phones |  |
| Other policies |  |
| Communication mechanisms within the company – meetings, notice boards etc |  |
| Salary |  |
| Expenses |  |
| Contacts |  |
| **Item** | **Completed (date)** |
|  |  |
| **Section C** |  |
| The company: |  |
| Product overview |  |
| Organizational overview  |  |
| History |  |
| Mission statement of the company  |  |
| Company culture |  |
| Organization structure/who’s who |  |
| How business direction and key results are reviewed and measured |  |
| Budgets  |  |
| Quality policy |  |
| Quality systems |  |
| Top 10 customers and key contacts |  |
| Customer files and information |  |
| Protocols for telephone, email, letters etc |  |
| **Item** | **Completed (date)** |
|  |  |
| **Section D** |  |
| Your team: |  |
| The role of your team – how it relates to the rest of the company |  |
| Your own role |  |
| Your objectives for the next 3 months |  |
| Your managers expectations |  |
| Individual learning plan – training and development required and how best to provide this |  |