

## APPENDICE LL

**CatholicCare**

**FAC FORM: Employee Induction Checklist** (To be used in conjunction with the Agency Form: Induction Guidelines and Checklist for New Staff/Volunteers 5.9)

**Form number: 002/4**

**Issued: Jan 2015**

**Contact Person: Service Cluster Manager**

**Ph. (02) 8700 3333**

**Staff Member:** \_\_\_\_\_

Action/Item	STAFF RESPONSIBLE	Done
<b>CLUSTER INDUCTION for OOHC and ADOPTIONS PROGRAMS</b>		
1. On Site Safe Interviewing Procedure is explained in detail incl use of duress alarms.	S/Team Leader or Team Leader	
2. Home Visiting and Off Site Procedure is explained in detail	S/TL or TL	
3. Families and Community (FAC) Organisational Structure AND Program structure within Cluster	Cluster Manager	
4. Modern Award Refer to intranet under employment matters/industrial awards	S/TL or TL	
5. Payroll Procedures: a. copies (hard copies or electronic) of time sheets, Travel claim forms, submitting of leave on ConnX, process and timeframe for completing and submitting on ConnX, pay dates, flexible working hours, time-in-lieu and weekend work. b. Salary packaging – check received Leasing vehicles through CatholicCare Refer to intranet for employment matters procedures and employment relations procedures	S/TL or TL	
6. Agency and Directorate vehicle procedure Refer to intranet under agency procedures/administration	S/TL or TL	
7. Total Staff Day and other Agency/Cluster Meetings	S/TL or TL	
8. Arrange a Meeting with Cluster Managers to learn about other programs within FAC1	Employee	
9. FAC Client CDS Database	S/TL or TL	
10. Team meeting structure and expectations	Manager	
11. Process of Referrals for clients	Senior Caseworker	
12. OOHC Case Management Practices (with reference to procedures) including: a. role of caseworker b. role of CS/ ADHC c. role of parents and significant others d. mandatory reporting e. financial – brokerage; contingencies; carer payments, subsidies, fees f. home visiting g. case conferences and review meetings h. contact for family and significant others	Team Leader	



i. referral to other services according to client needs		
j. privacy/confidentiality		
k. interagency involvement		
l. Court attendance information		
13. Client Files Refer to Client Files Procedure	S/TL or TL	
14. Program Planning Days	S/TL or TL	

<b>OUT OF HOME CARE PROGRAMS incl. PRE-ADOPTIVE CARE</b>		
1. Rights of Children and Young People: UN Convention on Rights of Child; Charter of Rights for Children and Young People in OOHC in NSW	S/TL or TL	
2. Children's Guardian: NSW Standards for Statutory OOHC and Case File Audits	S/TL or TL	
3. OOHC Activities eg. Camp, activities, ACWA Forum	S/TL or TL	
4. Children's Activities eg. Camp, activity days; newsletter	S/TL or TL	
5. Carer's Activities eg. Dinner, trivia night	S/TL or TL	
6. Foster Carer Recruitment, Assessment and Training (Refer to Foster Carer Procedures)	RTS/TL	
7. Foster Carers' Files and Foster Carers' Manual Refer to Foster Carer Files Procedure and Manual	RTS/TL	
8. Disclosure of Placement Information	S/TL or TL	
9. Life Story Work and Kids' Manual – Finding Your Way, What Kids in Care Need to Know	S/TL or TL	
10. Community Services' Statistics (MDS)	Business Administration Officer	
11. OOHC On call procedure Refer to on-call procedure	RTS/TL	
12. CatholicCare Parent Line Information	S/TL or TL	

<b>ADOPTION PROGRAM INDUCTION</b>		
1. Recruitment of Prospective Adoptive Parents	S/Team Leader	
2. Casework tools: <ul style="list-style-type: none"> <li>▪ PAP Assessment tool</li> <li>▪ Workers Guide for working with Parents Considering Adoption</li> <li>▪ Search, Outreach and Mediation Guide</li> </ul>	S/Team Leader	
3. Record keeping, client files and orientation to the File Room	S/Team Leader	
4. Registered Counselling training	S/TL	

**Staff member:**

Name

Signature

Date

**Cluster Manager:**

Name

Signature

Date



## CatholicCare

### FAC FORM: SITE WHS INDUCTION CHECKLIST

**Staff Name:** \_\_\_\_\_

**Site:** \_\_\_\_\_

**Program Manager:** \_\_\_\_\_

Team Leaders are to ensure that all new staff are inducted into the following when commencing employment at this site. The Team Leader may seek the assistance of the Office Coordinator or delegate in inducting the new staff person if required.

Staff are to be inducted into the following:

<b>C.A.R.E. Management System:</b>		<input type="checkbox"/>	Mailing Procedure
<input type="checkbox"/>	Location C.A.R.E Management System	<input type="checkbox"/>	Parking Procedure
<input type="checkbox"/>	What is contained in the C.A.R.E MS	<input type="checkbox"/>	Booking meeting rooms
<b>Location of:</b>		<b>General:</b>	
<input type="checkbox"/>	Amenities	<input type="checkbox"/>	Site business operating hours
<input type="checkbox"/>	WHS Board	<input type="checkbox"/>	When site meetings are held
<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	Introduction to staff and Programs
<input type="checkbox"/>	Office light switch, air conditioning controls	<input type="checkbox"/>	Information provided on the risks and hazards of other Programs located at the site e.g. clients with aggressive behaviours
<input type="checkbox"/>	Photocopiers and fax machines		
<input type="checkbox"/>	Interview & meeting rooms		
<input type="checkbox"/>	Emergency numbers		
<b>Site and/or Agency Procedures:</b>		<input type="checkbox"/>	Operation of phones including how to dial out, how to leave a message etc.
<input type="checkbox"/>	Sign In and Sign Out Procedure	<input type="checkbox"/>	The role of the Office Coordinator (where applicable)
<input type="checkbox"/>	Security, Lock Up Procedure	<input type="checkbox"/>	Staff member has photo identification
<input type="checkbox"/>	Solo Worker Procedure (WHS P16.18 Working Alone or in Isolation)	<b>Who is the Site:</b>	
<input type="checkbox"/>	Fire Evacuation Procedure and Map	<input type="checkbox"/>	First Aid Officer
<input type="checkbox"/>	Emergency Procedure Flipchart	<input type="checkbox"/>	Fire Warden
<input type="checkbox"/>	Duress Alarm Procedure	<input type="checkbox"/>	Site Manager
<input type="checkbox"/>	Hazard and Incident Procedures		

\_\_\_\_\_  
Signature of Staff Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Program Manager

\_\_\_\_\_  
Date

Please forward completed form to the Site Manager for recording.

