



Kaia Induction Checklist Facilitator

This form records the induction of Facilitators. Once completed, forward to the HR Department.

PART 1 – FACILITATOR DETAILS

Induction Date		Start Date	
Workplace Address			
Facilitator Name			
Position			
Program/Department			
Line Manager's Name			
Position			

PART 2 – INFORMATION TO BE PROVIDED WITHIN THE FIRST WEEK

(Note: double click to check the appropriate box)

Information to be provided	Completed	NA ¹
1. Provide a copy and information on how to access the Kaia Program Practice Manual.	<input type="checkbox"/>	<input type="checkbox"/>
3. Monthly Team Meetings	<input type="checkbox"/>	<input type="checkbox"/>
4. Explain how to access policies & procedures via HRSS & Controlled Documents.	<input type="checkbox"/>	<input type="checkbox"/>
Managing direct service delivery risks procedures – Risk Assessments	<input type="checkbox"/>	<input type="checkbox"/>
Managing Incidents Procedures	<input type="checkbox"/>	<input type="checkbox"/>
Reporting – critical incident reporting timeframes and report writing	<input type="checkbox"/>	<input type="checkbox"/>
5. Attend training	<input type="checkbox"/>	<input type="checkbox"/>
FSGA Orientation	<input type="checkbox"/>	<input type="checkbox"/>
Child Safety Training	<input type="checkbox"/>	<input type="checkbox"/>
Human Rights in Practice Training	<input type="checkbox"/>	<input type="checkbox"/>
Culture Awareness Training	<input type="checkbox"/>	<input type="checkbox"/>
6. Explain how to access young person documentation/ File Management Procedures	<input type="checkbox"/>	<input type="checkbox"/>
About Me	<input type="checkbox"/>	<input type="checkbox"/>
Monthly plans and activities	<input type="checkbox"/>	<input type="checkbox"/>

¹ NA = Not applicable

Information to be provided	Completed	NA ¹
Responsibilities with progress notes and daily updates	<input type="checkbox"/>	<input type="checkbox"/>
Challenging reaction strategy plan	<input type="checkbox"/>	<input type="checkbox"/>
Medication and consent required	<input type="checkbox"/>	<input type="checkbox"/>
7. Give information on access to line management supervision/debriefing	<input type="checkbox"/>	<input type="checkbox"/>
8. Vehicle management – usage, reporting damage, infringement notices, use of personal vehicle and claiming for kilometres.	<input type="checkbox"/>	<input type="checkbox"/>
9. Petty Cash & Cash Handling Procedures	<input type="checkbox"/>	<input type="checkbox"/>
10. WHS Checks within the Residentials	<input type="checkbox"/>	<input type="checkbox"/>
11. Explain TRACCS Database	<input type="checkbox"/>	<input type="checkbox"/>

PART 3 – ACKNOWLEDGEMENT OF INFORMATION PROVISION

Information has been provided as detailed in Part 2:

Facilitator's signature: _____ Date: ___/___/___

Line manager's signature: _____ Date ___/___/___