



## Induction Record - Foster Care Coordinator

Once completed this form is attached to the [Work area orientation form](#) and forwarded to HR.

### PART 1 - EMPLOYEE DETAILS

Induction Date		Start Date	
Workplace Address			
Employee Name			
Position			
Program/Department			
Supervisor Name			
Position			

### PART 2 – INFORMATION TO BE PROVIDED WITHIN THE FIRST WEEK

In addition to that specified on the [Work area orientation form](#)

(Note: double click to check the appropriate box)

Information to be provided	Completed	NA <sup>1</sup>
1. Provide access to <a href="#">KAIA Program Practice Manual - Foster Care</a>	<input type="checkbox"/>	<input type="checkbox"/>
2. Opportunity to read <a href="#">KAIA Program Practice Manual - Foster Care</a>	<input type="checkbox"/>	<input type="checkbox"/>
3. Explain relevance to the coordinator role	<input type="checkbox"/>	<input type="checkbox"/>
4. Ensure attendance at Child Safety training , cultural awareness training, FSGA Orientation, HRP training, Back to Basics	<input type="checkbox"/>	<input type="checkbox"/>
5. Show TRACCS and explain use and relevance to the KPPM	<input type="checkbox"/>	<input type="checkbox"/>
6. Read TRACCS database user manual	<input type="checkbox"/>	<input type="checkbox"/>
7. Arrange access to TRACCS and computer access (request to IT).	<input type="checkbox"/>	<input type="checkbox"/>
8. Explain and demonstrate administrative processes (scanning, photocopying, filing, confidentiality and privacy related to documentation, record keeping – provide meeting book). Reviewing documents ensuring currency	<input type="checkbox"/>	<input type="checkbox"/>
9. Briefly outline caseloads for existing coordinator(s)	<input type="checkbox"/>	<input type="checkbox"/>
10. Email case allocation to new coordinator, including Child Safety services details (e.g. name of CSO, team leader, Service Centre)	<input type="checkbox"/>	<input type="checkbox"/>
11. Introduce coordinator to stakeholders via email	<input type="checkbox"/>	<input type="checkbox"/>
12. Show location of electronic and hardcopy carer/child files. Demonstrate documentation required for program and young person	<input type="checkbox"/>	<input type="checkbox"/>
13. Provide hardcopy of carer details	<input type="checkbox"/>	<input type="checkbox"/>
14. Explain history of each carer/family	<input type="checkbox"/>	<input type="checkbox"/>
15. Explain history of each young person	<input type="checkbox"/>	<input type="checkbox"/>
16. Explain transition process (documents)	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup> NA = Not applicable

Information to be provided	Completed	NA <sup>1</sup>
17. Discuss recent important events, especially actions that may need immediate follow up	<input type="checkbox"/>	<input type="checkbox"/>
18. Discuss therapeutic supports in place for each client – provide contact details (e.g. Rehab at Home, MASS, CP League etc.)	<input type="checkbox"/>	<input type="checkbox"/>
19. Organise formal introductions - set home visit/meeting dates/times with relevant coordinators	<input type="checkbox"/>	<input type="checkbox"/>
20. Organise work schedule	<input type="checkbox"/>	<input type="checkbox"/>
21. Provide dates for any other planned meetings (e.g. Family Group Meetings, Placement Review meetings/Case plan. reviews, Stakeholder meetings)	<input type="checkbox"/>	<input type="checkbox"/>
22. Referral process	<input type="checkbox"/>	<input type="checkbox"/>
a. Matching process	<input type="checkbox"/>	<input type="checkbox"/>
b. Children's Welcome Pack	<input type="checkbox"/>	<input type="checkbox"/>
c. Foster Carer Welcome Pack	<input type="checkbox"/>	<input type="checkbox"/>
23. Outline FSGA accounts procedures as relevant to Kaia Program. Include internal use of house and Kaia Program cards/vouchers	<input type="checkbox"/>	<input type="checkbox"/>
24. Arrange sharing of team's contact lists and calendars	<input type="checkbox"/>	<input type="checkbox"/>
25. Explain how to book an FSGA vehicle, complete vehicle log book and petrol card	<input type="checkbox"/>	<input type="checkbox"/>
26. Explain how to book a meeting room	<input type="checkbox"/>	<input type="checkbox"/>
27. Define team members' roles (i.e. recruitment/administration facilitators, coordinators, service manager, operations manager, senior coordinator)	<input type="checkbox"/>	<input type="checkbox"/>
28. Show Department of Communities, Child Safety and Disability Services – Child Safety Services website.	<input type="checkbox"/>	<input type="checkbox"/>
a. Child Safety Practice Manual and other relevant forms such as VC Blue Cards/ and authorisations, foster carer assessment forms	<input type="checkbox"/>	<input type="checkbox"/>
29. Explain foster carer assessment/re-approval process	<input type="checkbox"/>	<input type="checkbox"/>
30. Demonstrate electronic FSGA filing system	<input type="checkbox"/>	<input type="checkbox"/>
31. Provide list of FSGA office contacts	<input type="checkbox"/>	<input type="checkbox"/>
32. Review controlled documents/policies	<input type="checkbox"/>	<input type="checkbox"/>
a. Explain continuous improvement notification procedure	<input type="checkbox"/>	<input type="checkbox"/>
b. Explain incident report writing process	<input type="checkbox"/>	<input type="checkbox"/>
33. Review FSGA agency support	<input type="checkbox"/>	<input type="checkbox"/>
a. Review the process for requesting direct service employees	<input type="checkbox"/>	<input type="checkbox"/>
34. Review Railway Street courier/postage service	<input type="checkbox"/>	<input type="checkbox"/>
35. Schedule monthly supervision with Snr Coordinator	<input type="checkbox"/>	<input type="checkbox"/>
36. Explain team meeting processes-agenda, minutes	<input type="checkbox"/>	<input type="checkbox"/>
37. Show and explain FSGA Intranet (explain leave application, updating personal information, location of current documents etc.).	<input type="checkbox"/>	<input type="checkbox"/>
38. Review on-call procedures and FSGA Kaia Program on-call folders	<input type="checkbox"/>	<input type="checkbox"/>
39. Explain file note process	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

Information to be provided	Completed	NA <sup>1</sup>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

New employee's name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Line Manager's name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_