

TRUST INDUCTION CHECKLIST

Please clearly print your **NAME**

Please specify your **Care Group & Ward/Department**

This Induction Checklist will be required as evidence of your completion of Trust Induction.

Presentations

Welcome to UHS

Achieving a successful partnership between UHS & you

Looking after the whole person Chaplaincy service

Looking after yourself – Health and safety awareness

Smoking cessation

Quality Governance

Hand washing

Customer Care

E-Learning

please tick
when completed

- | | | |
|-----------------|--|--------------------------|
| 1 st | IT skills assessment – print score sheet
(approx 5 mins) | <input type="checkbox"/> |
| 2 nd | Fire
(approx 30 mins) | <input type="checkbox"/> |
| 3 rd | Health and safety
(approx 45 mins) | <input type="checkbox"/> |
| 4 th | Manual Handling - non-clinical staff do not complete patient handling section
(approx 30 mins) | <input type="checkbox"/> |
| 5 th | Equipment - non-clinical staff do not complete medical equipment section
(approx 15 mins) | <input type="checkbox"/> |
| 6 th | Infection control and PPE
(approx 15 mins) | <input type="checkbox"/> |
| 7 th | Resus Services slide show - no quiz or certificate
(approx 5 mins) | <input type="checkbox"/> |

Information governance* ☐

Equality & Diversity * ☐

* accessed via the IDEAL website, then Stat & Mandatory Training and select your staff group

I confirm that I have attended the above presentations and read and understood the e-learning modules. I have printed off the completion certificates from each e-learning module and I will pass these to my manager for filing in my personnel file. I understand that these records may be audited to confirm completion of Trust Induction at a later date.

I agree to take part in all aspects of my Local Induction relevant to my work area and job.

Please sign **Date**

Please leave this Checklist in the training room or post to IDEAL, mail point 10.