

New Staff Checklist

Devoted Care Services



Name:		
Commencement Date:		
Initial Interview Date:		
Applicable	Description	Remark
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Job Application	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Superannuation Details	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Copy of Resume Signed	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Record of Interview / Questionnaire	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Position Description	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	National Police Check	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Tax File Number Declaration	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Working With Children Check	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Working Screening Check	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Qualifications and licenses	Awaiting Cert 4 disability
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	NDIS Worker Orientation Module Certificate	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Infection Control Qualification	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Employee Agreement (Permanent or Casual)	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	100 points of ID	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Post Probation review date	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	NDIS Code of Conduct	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	Do an ABN lookup of their ABN to check it is valid and the contractor is the holder of the ABN	

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Induction		
Description	Inducted by	Date
Staff onboarding		
Site induction		
Code of conduct		
Emergency plan		
Communicate of relevant Policies and Procedures		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Post Probation Review Date	
Post Probation Review Completed By:		
Notes:		
<p>Human Resource Manager Name:</p> <p>Date:</p> <p>Signature:</p>		