

	Induction Form
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Employee Name:	Position:
Employee ID No:	

We need constantly to review our Induction process and it would be most helpful if you would spend a few minutes giving us some feedback relating to your experience. If you are able to discuss these with him/her.

1. GENERAL QUESTIONS	COMMENTS
1. Please comment on the way you were initially welcomed to the Company. Were you put at ease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. What was your overall impression of your Induction?	
3. Please comment on the parts that you found most useful.	
4. Please comment on the parts that you found least useful.	
5. Please comment on any sections what gave you too much or too little information.	
6. Have you been given objectives with which you are in agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. How do you think we could improve our Induction Process?	

2. STAFF POLICIES	
Have you received and read the following Company Policies?	
NAME OF POLICY	YES/NO (please tick)
Equality and Diversity Policy	<input type="checkbox"/> Yes
Grievance Procedure	<input type="checkbox"/> Yes
Disciplinary Policy and Procedure	<input type="checkbox"/> Yes
Harassment and Bullying Policy	<input type="checkbox"/> Yes

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Sickness & Absence Policy	<input type="checkbox"/> Yes	
Health & Safety Policy	<input type="checkbox"/> Yes	
Fire Safety Policy & Procedures	<input type="checkbox"/> Yes	
Employee Fire Safety Questionnaire	<input type="checkbox"/> Yes	
	<input type="checkbox"/> Yes	
	<input type="checkbox"/> Yes	

Employee Name:	
Signature:	
Date:	

When you have completed this Induction Feedback Form, please return it to <<HR Administration/Department Manager>>.

Checked by:

<<Manager's Name>>	
Signature:	
Date:	