****

**RETURNEE’S INDUCTION CHECK LIST**

|  |  |
| --- | --- |
| **Your name** |  |
|  |  |
| **Your University Staff number**  |  |
|  |  |
| **Directorate/Faculty** |  |
|  |  |
| **Department**  |  |
|  |  |
| **Return date**  |  |
|  |  |
| **Your line manager**  |  |

This check list is given to you on your return to work at Oxford Brookes.

* It can be completed in any order
* It is a joint responsibility between you and your line manager to ensure that this checklist is completed within a month of returning to the University
* When this has been completed and you and your manager have signed, a copy should be sent to your link HR manager to be placed on your personal file.

**Why this check list is important**

* It provides evidence that the University has given you access to key information and has covered certain legal obligations. It also seeks to ensure that you know how to get information relevant to your needs as you return back to the workplace.

|  |
| --- |
| **An electronic copy of this form can be down loaded from www.brookes.ac.uk/services/hr/handbook/index.html**This is a form fill activated document. To deactivate the form go to “Review” tab and select “Restrict Editing” then go to “Stop protection”: the password is **password** |

|  |  |
| --- | --- |
| **1** | **Your line manager’s action points prior to your return to work**  |
|  |  | **Tick (for yes)** |
| 1:1 | Contact staff member to finalise return day and time etc  |  | [ ]  |  |  |
| 1:2 | Inform other colleagues of the returnee’s start date |  | [ ]  |  |  |
| 1:3 | Arrange meetings with other staff to meet up, with colleague  |  | [ ]  |  |  |
| 1:4 | Obtain agreement of staff involved in induction programme |  | [ ]  |  | **Date**  |
| 1:5 | Produce an induction timetable |  | [ ]  |  | **Completed** |
| 1:6 | Check on the allocation of office space, equipment etc. |  | [ ]  |  |       |
| **If applicable**  |  |  |  |  |
| 1:7 | Arrange for a initial day car park pass to be issued |  | [ ]  |  |  |

**This form should be given to the member of staff on their first day**

|  |  |
| --- | --- |
| **2** | **First day welcome**  |
|  |  | **Tick (for yes)** |
| 2:1 | Meet your line manager  |  | [ ]  |  | **Date** |
| 2:2 | Meet up with colleagues, be introduced to new colleagues  |  | [ ]  |  | **Completed** |
| 2:3 | Initial orientation meeting and overview of induction content |  | [ ]  |  |       |

|  |  |
| --- | --- |
| **3** | **Overview of Oxford Brookes University** |
|  |  | **Tick (for yes)** |
| 3:1 | Have you been updated about key University initiatives?Examples include * University Strategy 2020 <https://www.brookes.ac.uk/about-brookes/strategy/strategy-2020/>
* Prevent <https://www.brookes.ac.uk/about-brookes/structure-and-governance/policies-and-financial-statements/prevent-duty/>
* Child Safeguarding <https://www.brookes.ac.uk/services/hr/handbook/misc/safeguard_children/index.html>
* Staff experience <https://www.brookes.ac.uk/staff/staff-experience/>
 |  | [ ]  |  | **Date****Completed** |
| Go to [www.brookes.ac.uk/staff/regulations,-policies-and-strategies/](file:///C%3A%5CUsers%5Cp0073178%5CDownloads%5Cwww.brookes.ac.uk%5Cstaff%5Cregulations%2C-policies-and-strategies%5C)Go to <http://www.brookes.ac.uk/space-to-think/>  |
|       |

|  |  |
| --- | --- |
| **4** | **Documentation for all staff**  |
|  |  | **Tick (for yes)** |
| **If applicable**  |  |  |  |  |
| 4:1 | Car park pass /swipe card Wheatley / Harcourt  |  | [ ]  |  |  |
| 4:2 | Staff bus pass  |  | [ ]  |  |  |
| 4:3 | PIP up to date |  | [ ]  |  |  |
| 4:4 | Swipe cards (various) |  | [ ]  |  |  |

|  |  |
| --- | --- |
| **5** | **Health & Safety**  |
|  |  | **Tick (for yes)** |
| 5:1 | Individual risk assessment completed (Including DSE)**Date Assessed:** |  | [ ]  |  |  |
| 5:2 | Have you found and looked at the Health & Safety manual?  |  | [ ]  |  |  |
| Go to [www.brookes.ac.uk/services/hr/health\_safety/index.html](http://www.brookes.ac.uk/services/hr/health_safety/index.html) |
| 5:3 | Do you know how to summon first aid in an emergency?**Nearest first aiders:** |  | [ ]  |  |  |
| Go to [www.brookes.ac.uk/services/hr/health\_safety/firstaid.html](file:///C%3A%5CUsers%5Cp0073178%5CDownloads%5Cwww.brookes.ac.uk%5Cservices%5Chr%5Chealth_safety%5Cfirstaid.html) Go to <http://kmis.brookes.ac.uk/csms/wtel_dir.first_aider> |
| 5:4 | Do you know who the local fire marshal is?**Name:**  |  | [ ]  |  |  |
| 5:5 | Have you experienced the evacuation signal and testing?**Testing held every:**  |  | [ ]  |  |  |
| 5:6 | Do you know the Fire Assembly area and fire escape routesNB: Lifts not to be used in the event of fire |  | [ ]  |  |  |
| Go to [www.brookes.ac.uk/services/hr/health\_safety/fire\_assembly](http://www.brookes.ac.uk/services/hr/health_safety/fire_assembly/index.html) |
| 5:7 | You are aware that fire passageways are to be kept unobstructed? |  | [ ]  |  |  |
| 5:8 | Do you know the location of local alarm points and extinguishers?  |  | [ ]  |  |  |
| 5:9 | Do you know about our policy on driving safely? NB: including between campuses declaration requirements |  | [ ]  |  | **Date**  |
| Go to [www.brookes.ac.uk/services/hr/health\_safety/docs/obuhsn41.html](http://www.brookes.ac.uk/services/hr/health_safety/docs/obuhsn41.html) |
| 5:10 | Do you know how to report an accident or an incident? |  | [ ]  |  | **Completed** |
| Go to [www.brookes.ac.uk/services/hr/health\_safety/docs/obuhsn11.html](http://www.brookes.ac.uk/services/hr/health_safety/docs/obuhsn11.html) |  |
| **If applicable**  |  |  |  |  |
| 5:11 | Department specific Health & Safety Requirements  |  | [ ]  |  |  |
| **Disability**  |
| 5:12 | Have you checked whether you are covered by the Equality Act 2010 definition of disability? |  | [ ]  |  |  |
| Go to [www.brookes.ac.uk/services/hr/eod/disability/disability\_definition.html](http://www.brookes.ac.uk/services/hr/eod/disability/disability_definition.html)or contact the Disability Adviser for more information |
| 5:13 | Are you aware that our Disability Service is available for both students and staff. Please contact them if you require disability support  |  | [ ]  |  |  |
| Go to [www.brookes.ac.uk/student/services/handbook/services-disability.html](http://www.brookes.ac.uk/student/services/handbook/services-disability.html)To email the Disability Adviser disabledstaffsupport@brookes.ac.uk |
| 5:14 | Personal Emergency Evacuation Plan **Date:**NB: Specific evacuation plan for staff members with particular disabilities |  | [ ]  |  |  |
| [www.brookes.ac.uk/services/hr/health\_safety/docs/obuhsn08.html](http://www.brookes.ac.uk/services/hr/health_safety/docs/obuhsn08.html) |

|  |  |
| --- | --- |
| **6** | **Personal Development Review (PDR)**(To be completed with the manager within first two week of returning back) |
|  |  | **Tick (for yes)** |
| 6:1 | Initial PDR discussion and paper work completed **Date for Initial PDR:**  |  | [ ]  |  | **Date Completed** |
| go to [www.brookes.ac.uk/services/hr/pdr/](http://www.brookes.ac.uk/services/hr/pdr/) |
| 6:2 | Your PDR paper work is completed and signed? (PIP updated) |  | [ ]  |  |  |

|  |  |
| --- | --- |
| **7** | **Information Management**  |
|  |  | **Tick (for yes)** |
| 7:1 | Do you know what OBIS help and support can provide? |  | [ ]  |  |  |
| Go to [http://obis.brookes.ac.uk/#](http://obis.brookes.ac.uk/)  |
| 7:2 | Is your PC set up with required software and hardware? |  | [ ]  |  |  |
| 7:3 | Are your passwords still valid? |  | [ ]  |  | **Date**  |
| 7:4 | Are you connected to the required range of printers? |  | [ ]  |  | **Completed** |
| 7:5 | Do you have access to required networks and drives?  |  | [ ]  |  |       |

|  |
| --- |
| **Returnee’s induction check list declaration** |

**Staff member**

|  |
| --- |
| I confirm thatPlease select and tick below |
| [ ]  | I have completed the check list |
| [ ]  | I have completed most relevant items of the check list, except for those elements listed below. |
|  |
| Please list any outstanding requirements from the check list.      |

I have been given sufficient instruction regarding general Health & Safety awareness including fire evacuation, accident reporting and ergonomics.

Signed ………………………………………………. Date ………………….

|  |
| --- |
| Any other comments      |

**Line manager**

|  |
| --- |
| I confirm that the staff member Please select and tick below |
| [ ]  | Covered all aspects of the check list |
| [ ]  | Covered most aspects of the check list except those listed above |
|  |
| Please list any outstanding actions (with dates) required to complete the check list.       |

Signed ………………………………