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| Surname: | Forename: | Date of Birth: |
|-----------------|------------------|-----------------------|

By signing this form, the trainee confirms that they have received and understood explanations for all elements of the induction of process outlined below.

By signing this form the trainer confirms that they have delivered appropriate explanations of all elements of the induction process outlined below, and that the trainee has demonstrated their understanding or competence for all elements of the induction of process.

| Orientation completed for | | Date | Initials (Trainer) | Orientation completed for | | Date | Initials (Trainee) |
|--------------------------------------|-------------|-------------|---------------------------------|----------------------------|-------------|------|-----------------------|
| Reception area | | | | Fire Exits | | | |
| Changing area (including nurse call) | | | | Fire Extinguishers | | | |
| Toilet (including nurse call) | | | | Fire Sweeper Role | | | |
| Recovery area (including nurse call) | | | | Lifting and Handling | | | |
| First aid | | | | Centre Induction Completed | | | |
| Summoning outside help (9 -323 333) | | | | | | | |
| Oxygen | | | | | | | |
| Trainee | Signature: | Date | Trainer (L2/L3 operator) | Signature: | Date | | |
| | Print Name: | | | Print Name: | | | |