**INDUCTION**

**PLAN**

|  |  |  |
| --- | --- | --- |
| **Department / Service**  | **Induction with department / service (Please tick appropriate box)**  | **Date & Time arranged** |
| **HR**  | MANDATORY  | **First Day at 10:00**  |
| **Executive Directors** **(Meet and greet CEO where possible)**  | MANDATORY  | **HR to arrange**  |
| **Care at Home / Extra Care Schemes**  | Yes No  |  |
| **Finance**  | Yes No  |  |
| **Quality & Performance/ CRM**  | Yes No |  |
| **Trading – Age UK North of Tyne & Gateshead**  | Yes No |  |
| **Integrated Care** | Yes No |  |
| **Wellbeing Centres**  | Yes No |  |
| **Social Prescribing**  | Yes No |  |
| **Dementia Services**  | Yes No  |  |
| **Catering Department**  | Yes No |  |
| **Information & Advice** | Yes No |  |
| **Customer Services**  | Yes No |  |
| **Volunteering**  | Yes No |  |
| **Marketing**  | Yes No  |  |

I confirm that all departments / services are aware of the dates and times for the individual’s induction

**Signed by Line Manager** ………………………………. **Date** ………………………….

**Induction Completion date (max. 4 weeks post start date):** .................................

***HR USE ONLY***

|  |  |
| --- | --- |
| **HR received Induction Plan**  | **Induction Schedule put together**  |
| Date: Signature:  | Date: Signature:  |