



Codladh Sámh

You Love: We Care

Induction Sign Off List

Staff Member Name: _____

Date: _____

Policy / Procedure	Yes Or No	HCA Signature
Induction and Orientation		
Contract of Employment		
Specific Purpose Contract		
Pay Scales		
Dress Code		
PRSA Form		
Communication with Codladh Sámh		
Boundaries and Access to Client Premises		
Use of Mobile Phones		
Disposal of Household Waste		
Use of PPE		
Holiday Request		
Copy of Codladh Sámh Handbook		
Letter of Appointment		
Payroll Number and Password		
Data Protection Pack		
Codladh Sámh uniform		

Signed: _____
Healthcare Assistant

Date: _____

Signed: _____
Catherine Fennell
On Behalf of Codladh Sámh

Date: _____