

WORKPLACE INDUCTION FORM

Company/Organisation Name: _____

Participant Details:

Full Name: _____

Position/Role: _____

Contact Phone: _____

Email Address: _____

Induction Trainer Details:

Full Name: _____

Position: _____

Workplace Location:

Site Address: _____

Work Area Description: _____

Emergency Procedures & Contacts:

Emergency Assembly Point: _____

First Aid Officer Name: _____

Emergency Phone Numbers: _____

Health and Safety Obligations:

List all personal protective equipment (PPE) required:

Outline key hazards relevant to this workplace/site:

Site Rules and Conduct:

The participant agrees to comply with all site rules, including but not limited to: no smoking in designated areas, no consumption of alcohol or illegal substances while on site, appropriate use of PPE, reporting hazards or incidents immediately, and following all instructions given by site supervisors or safety officers.

Training Acknowledgement:

I hereby acknowledge that I have received, understood, and agree to comply with the workplace induction information provided to me. I understand my responsibilities to maintain a safe workplace and to report any unsafe conditions or incidents immediately. I acknowledge that failure to comply with these requirements may result in disciplinary action.

Privacy and Confidentiality:

All personal information collected during the induction process will be managed in accordance with Australian privacy laws. Information will only be used for workplace health and safety purposes and to comply with legal obligations.

Participant Signature and Date:

Signature

Date

Trainer Signature and Date:

Signature

Date

PARTICIPANT SIGNATURE

TRAINER SIGNATURE

Signature: _____

Signature: _____

Date: _____

Date: _____

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