**Appendix 6: Volunteer Induction Checklist**

This checklist is completed by the line manager and volunteer and placed in their personal file.

|  |  |  |  |
| --- | --- | --- | --- |
| Volunteer |  | Role |  |
|  |  |  |  |
| Job title |  | Start date |  |
|  |  |  |  |
| Department of Placement |  | Manager Name |  |
|  |  |  |  |
|  |  | Date completed |  |

|  |  |  |
| --- | --- | --- |
| No. | Subject | Tick to endorse |
| 1 | Introduction |  |
|  |  |  |
| 2 | **Fire Procedure** |  |
| Fire Information |  |
| Fire Safety and Guidance Information |  |
| Security Guidance and Information |  |
| 3 | **Health and Safety** |  |
| Health & Safety Policy Statement |  |
| General guidance on the handling of violence & aggression in healthcare premises |  |
| Manual Handling/safe lifting & handling |  |
| 4 | **Infection Control** |  |
|  | Infection Prevention & Control for patients, visitors and hospital volunteers |  |
|  | Bare Below the Elbows Policy |  |
|  | Health & Hygiene |  |
|  | Hand Cleaning Techniques |  |
| 5 | **Confidentiality & Data Protection** |  |
| Code of Conduct |  |
| I understand that all client information that is disclosed to me, or which comes to my knowledge in connection with my voluntary work within the hospital, is to be treated as strictly confidential. |  |
| 6 | **Safeguarding Adults** |  |
| 7 | **Safeguarding Children & Young People** |  |
| 8 | **Using Social Media Responsibly** |  |
| 9 | **Patient Experience Team – here to listen** |  |
| 10 | **Foundation Trust Membership** |  |
|  | Letter from Chief Executive |  |
|  | Volunteer Membership explained |  |
| 11 | **Information on Sherwood Forest Hospitals (NHS) Foundation Trust** |  |
| 12 | **Quality for all – our shared values and behaviours** |  |
| 13 | **Uniform** |  |
| Uniform and dress code information |  |
| Supply of uniform |  |
| Identification badge dates |  |
| 14 | **General information** |  |
| Payment of expenses – BACS form/travel expense form  Catering facilities  Security  Working in safety  Accident reporting procedure  Arrangements for receiving first aid  Procedure for repair of faulty equipment  Signing the volunteer register on entering the hospital and when leaving the hospital premises  Notification of sickness & holidays  No smoking Hospital  Insurance |  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| 15 | Map |  |
| 16 | Volunteer Induction Checklist |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Volunteer Signature |  | Manager  Signature |  |
|  |  |  |  |
| Date |  | Date |  |