

Individual Induction & Training Plan

Addressing gaps in training or skills development for volunteers and support workers.

Worker/Carer name:			Date:	
Return carer: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Mandatory Training				
Check if required	Required training	Date completed	Mode of training	Certificate etc provided
<input type="checkbox"/>	Infection Control (Australian Government)		Online + Certificate	<input type="checkbox"/>
<input type="checkbox"/>	Covid Safe for Face to Face		Online	<input type="checkbox"/>
<input type="checkbox"/>	Incident Management		Online	<input type="checkbox"/>
<input type="checkbox"/>	Reportable Incidents		Online	<input type="checkbox"/>
<input type="checkbox"/>	NDIS Code of Conduct		Online	<input type="checkbox"/>
<input type="checkbox"/>	NDIS Worker Orientation Module		Online + certificate	<input type="checkbox"/>
<input type="checkbox"/>	Emergency Procedures		Online	<input type="checkbox"/>
<input type="checkbox"/>	Risk Management		Online & F2f	<input type="checkbox"/>
<input type="checkbox"/>	Child safety and Mandatory reporting		Online and induction refresher	<input type="checkbox"/>
<input type="checkbox"/>	Violence, Abuse, Neglect & discrimination		Online	<input type="checkbox"/>
Policies and procedures				
<input type="checkbox"/>	<u>Code of Conduct</u>		Read & Sign	<input type="checkbox"/>
<input type="checkbox"/>	<u>Privacy Policy</u>		Read online	<input type="checkbox"/>
<input type="checkbox"/>	<u>Complaints handling</u>		Online	<input type="checkbox"/>
<input type="checkbox"/>	WHS		Induction refresher	<input type="checkbox"/>
<input type="checkbox"/>	<u>Participant Money & Property Guidelines</u>			<input type="checkbox"/>
<input type="checkbox"/>	<u>Client Transport Guidelines</u>			<input type="checkbox"/>
<input type="checkbox"/>	<u>Medication Policy</u>		Read copy online & sign off	<input type="checkbox"/>
Participant Support needs				
Check according to participant/s being supported – this will be delivered as in person training				
<input type="checkbox"/>	Allergies		In person	<input type="checkbox"/>
<input type="checkbox"/>	Anaphylaxis		In person	<input type="checkbox"/>
<input type="checkbox"/>	Asthma support		In person	<input type="checkbox"/>
<input type="checkbox"/>	Diabetes support (see also Subcutaneous Injection if required)		In person	<input type="checkbox"/>
<input type="checkbox"/>	Epilepsy / seizure support		In person	<input type="checkbox"/>
<input type="checkbox"/>	Manual Handling		In person	<input type="checkbox"/>

Individual Induction & Training Plan

<input type="checkbox"/>	Mealtime supports - Nutrition & Swallowing		In person	<input type="checkbox"/>
<input type="checkbox"/>	Medication support		In person	<input type="checkbox"/>
<input type="checkbox"/>	Mental Health		In person	<input type="checkbox"/>
<input type="checkbox"/>	Mobility support		In person	<input type="checkbox"/>
<input type="checkbox"/>	Sensory supports		In person	<input type="checkbox"/>
<input type="checkbox"/>	Personal Care supports		In person	<input type="checkbox"/>
<input type="checkbox"/>	Respiratory support		In person	<input type="checkbox"/>
<input type="checkbox"/>	Ventricular Shunt support		In person	<input type="checkbox"/>
<input type="checkbox"/>	Other health care needs, list:		In person	<input type="checkbox"/>
High Intensity supports				
<input type="checkbox"/>	Complex Bowel Care		In person	<input type="checkbox"/>
<input type="checkbox"/>	Non-invasive Ventilation		In person	<input type="checkbox"/>
<input type="checkbox"/>	Subcutaneous Injection		In person	<input type="checkbox"/>
<input type="checkbox"/>	Complex wound care		In person	<input type="checkbox"/>
<input type="checkbox"/>	Enteral Feeding & Nutrition		In person	<input type="checkbox"/>
Other Training Requirements (specify)				

Worker /volunteer name:	
Signature:	
Date:	

Supervisor name:	
Signature:	
Date:	