1. Learner Induction Checklist

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| --- | --- |
| Name of Employer |  |
| Name of learner |  |
| Start date of  Employment/Placement |  |

|  |  |  |
| --- | --- | --- |
| **Please confirm that the learner has received the following training and information during the workplace induction period** | **Date of Completion** | **Signed by Employer/Workplace Supervisor/Mentor** |
| Immunisation protocols |  |  |
| Workplace health and safety policies and procedures. |  |  |
| Workplace COSHH policies and procedures |  |  |
| Waste disposal training including hazardous waste and disposal of sharps |  |  |
| Cross infection control policy |  |  |
| Personal Protective Equipment (PPE) |  |  |
| Hand washing |  |  |
| Decontamination/sterilisation  workplace procedures and policies |  |  |
| Sharps injury protocol |  |  |
| Reporting of injuries,  accidents, hazards and risks, and records required |  |  |
| Fire procedure |  |  |
| Radiation protection policy  and procedures |  |  |
| Patient care |  |  |
| Professionalism |  |  |
| Confidentiality/data protection |  |  |
| Patient consent |  |  |

I confirm that the learner has an allocated workplace supervisor/mentor.

The supervisor/mentor will be ...................................................

GDC Number...............................................................

All of the above listed activities and training have been completed during the workplace induction. I confirm that records of training completed during the induction process have been maintained and can be presented if requested and are available for external audit.

The above named learner is ready to provide chair side support during general dental procedures and provide support to the operator and patients during general dental procedures.

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| **Signed by Employer/Workplace Supervisor/Mentor** | GDC Number: | Date: |
| **Signed by learner:** |  | Date: |
| **Centre Signature:** | Position: | Date: |