# Induction Checklist – Home Base School

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Date | Notes / Action Points | Signed by home school |
| 1. | Students have been informed of what to do in the case of illness or other legitimate reasons for non-attendance at off-site provision |  |  |  |
| 2. | Transport arrangements and transport safety arrangements have been discussed |  |  |  |
| 3. | Full course and assessment details have been discussed with students including their responsibilities to complete all work |  |  |  |
| 4. | Students have been given the contact details for a named contact at the home school in case of problems |  |  |  |
| 5. | Arrangements are in place for students in receipt of free school meals |  |  |  |
| 6. | Arrangements are in place for students with any Additional Learning Needs and information has been provided to the host institution |  |  |  |
| 7. | Parents have been made aware of the above procedures and parental consent has been gained for transport and lunchtime arrangements |  |  |  |
| 8. | Arrangements are in place for students requiring the administration of medicines |  |  |  |
| 9. | Students are aware of session times |  |  |  |
| 10. | Students are aware of any clothing /PPE/equipment requirements |  |  |  |
| 11. | Students are aware of mobile phone policy |  |  |  |

**Induction Checklist – Learner at Provider**

|  |  |
| --- | --- |
| **Induction Procedure** | Please tick |
| I have been given a guided tour of the provider’s premises |  |
| I have been introduced to key staff at the provider |  |
| I know the procedures in case of fire |  |
| I know about the Health and Safety policies and procedures |  |
| I know what to do if first aid is required and if I need specialist medication |  |
| I know who to contact, at school and the provider, if I have a problem |  |
| I know the arrangements if I have to leave the premises |  |
| I know what to do if I am absent or I am late for a session |  |
| I understand the transport arrangements |  |
| I know about the break and lunchtime arrangements |  |
| I have received a copy of the student handbook |  |
| I know what course(s) I am taking |  |
| I have an Individual Learning Plan and know who my mentor or key worker is |  |
| I know how the behaviour, rewards and consequences systems work |  |
| I have signed and understood the Acceptable Use Policy |  |
| I know the provider’s policy on mobile phones |  |
| I know the attendance requirements for my course |  |
| I know have been given details of the start and end times of the day and when breaks and lunchtimes are |  |
| I know when my review(s) is/are |  |

Learner name:

Signature:

Name of staff member from provider:

Signature:

School:

Provider name:

Date: