



# Staff Induction Feedback Form

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Acculearn Training Limited

T/A

Cranbrook College

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ACCULEARN

**Reviewed:** 10th May 2018

**To be reviewed:** 11th May 2019



# Staff Induction Feedback Form

Employee Name:		Employee Position:	
Employee ID No:		Department	

We need constantly to review our Induction process and should be grateful if you would spend a few minutes giving us some feedback relating to your experience. It will help your manager if you are able to discuss these with him/her.

1. GENERAL QUESTIONS	COMMENTS	
1. Please comment on the way you were initially welcomed to the Company. Were you put at ease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. What was your overall impression of your Induction?		
3. Please comment on the parts that you found most useful.		
4. Please comment on the parts that you found least useful.		
5. Please comment on any sections what gave you too much or too little information.		
6. Have you been given objectives with which you are in agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. How do you think we could improve our Induction Process?		

## 2. STAFF POLICIES

Have you received and read the following Company Policies?

NAME OF POLICY	YES/NO (please tick)	COMMENTS
Equality and Diversity Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grievance Procedure	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Disciplinary Policy and Procedure	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Harassment and Bullying Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sickness & Absence Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Health & Safety Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire Safety Policy & Procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employee Fire Safety Questionnaire	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employee Name:	
Signature:	
Date:	

When you have completed this Induction Feedback Form, please send it to line manager.

Checked by:

Line Manager	
Signature:	
Date:	

