			Apprentice Name:	
Onboarding checklist		rding obsolution	Role:	
		raing checklist	Dept:	
			Mentor/Supervisor:	
	_			
<u>Week</u>	<u>:1</u>			
	Welc	ome meeting with team.		
	Complete workplace tour (include Toilets, Break Areas, Evacuation protocols)			
	Overview of role and expectations.			
$\overline{\Box}$	Health and safety inductions			
Ē	Set up work email and tools.			
ī	Apprenticeship registration.			
-	Employment administrative paperwork			
		Employment Contract		
	ň	Tax File Number (TFN)		
	ň	Bank Details		
	Ы	Superannuation Details		
	Н	Emergency Contact Information		
		Proof of Identity		
	Н	Fair Work Information Statement		
<u>Week</u>	<u>4</u>			
Π	First	feedback session with mentor/supervis	sor	
	Review job performance.			
	Complete any pending safety training.			
	Review and finalise RTO training plan.			
	Meet	Meet with RTO (if applicable).		
<u>Week</u>	<u>: 4 – 26</u>	<u>(ongoing until end of probationary p</u>	<u>eriod)</u>	
	Feedback session with mentor/supervisor			
	Comprehensive job performance review.			
	Discuss future development.			
	Update apprenticeship agreement if needed.			
	Prob	ationary period review (Check AASN ag	reement for this date)	
Confirm	ation			
Name: _		Signature:	Date: Au Skills	

	Apprentice Name:			
	Role:			
End of onboarding feedback	Dept:			
	Mentor/Supervisor:			
	·			
Feedback on Overall Experience				
How would you rate your overall onboarding experience?	□ Excellent □ Good □ Average □ Below Average □ Poor			
What aspects of the onboarding process did you find most helpful?				
Were there any areas of the onboarding that you felt were unnecessar	y or could be improved?			
<u>Specific Elements</u>				
	Effective 🗆 Effective 🗆 Neutral 🗆 Ineffective 🗆 Very Ineffective			
Comments:				
Training and Development Opportunities	tisfied 🗆 Satisfied 🗆 Neutral 🗆 Unsatisfied 🗆 Very Unsatisfied			
Comments:				
Feedback and Support from Mentor/Supervisor	ely Helpful 🗆 Helpful 🗆 Neutral 🗆 Unhelpful 🗆 Very Unhelpfu			
Comments:				
Integration with Team and Company Culture	□ Very Well □ Well □ Neutral □ Poorly □ Very Poorly			
Comments:				
Improvement Suggestions				
What changes or additions would you suggest for future apprentices?				
Confirmation				
Name: Signature:	Date: Au Skills			