

Pre- and/or post-induction questionnaire

Please give dates for the following questions, stating day, month and the year (as four digits).

What date did you begin working for this organisation? ▼

What date did you begin working for this department? ▼

Have you been given a copy of the organisation handbook? Yes No

Have you been made aware of the policies and procedures? Do you know and understand them?

	Not at all aware of this	Aware of this but need more information	Know and understand this
The organisation mission statement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The structure of the company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The aims of the company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our health and safety procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our equal opportunities policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional association membership?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy on handling any legal problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy on handling customer problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff disciplinary procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy on holiday entitlement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy on absence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy on maternity/ paternity leave?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organisation car policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organisation travel to work policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy on expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other entitlements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your position within the organisation

Could you explain to someone outside of the organisation why we are here and what we aim to do?

- Yes, I feel quite clear about this
- I think so, but would like to discuss it further
- No, I am not at all clear about this

Do you know how you can help the organisation to achieve its aims?

- Yes, I feel quite clear about this
- I think so, but would like to discuss it further
- No, I am not at all clear about this

What do you know about your job, and what would you like to know more about?

	I know enough about this	I know a little, but need to know more	I need to know a lot more about this
Your position in the organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management - to whom you are responsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The people you are directly responsible for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The people you are indirectly responsible for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your hours of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other benefits you are entitled to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The telephone system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The organisation computer systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff canteen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The managing director or CEO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The shop floor sales staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The organisation directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The team you work within	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The machinery you will operate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Further training

Would you benefit from further training in any of the items specified in your job description?

Yes

No

If your answer to the last was Yes, please make a note of the training you would benefit from. If you answered No, please move on to the next question.

How do you feel about your introduction to this organisation and/or to your new job?
(Please tick as many emotions as you feel are applicable).

Happy

Underwhelmed

Isolated

Anxious

Excited

Supported

Relaxed

Good

Negative

Confused

Neutral

Disorientated

Overwhelmed

Bored

Positive

In control

Secure

Ignored

Cautious

Pleasantly surprised

Impressed

Frightened

Unsure

Clear

Please use the space below to voice anything else you would like to say about your induction.

Thank you for completing this questionnaire.