Induction - GTO Declaration Form

This template supports your MOU with LGPro and AEN which requires evidence of completed Induction, including pre-vocational and workplace training to be provided.

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| **GTO Name:** |  | | |
| **Council Name:** |  | | |
| **Participant Name:** |  | | |
| **Participant Date of Birth:** |  | | |
| **INDUCTION DETAILS** | | | |
| **Date Commenced Employment:** |  | **Date of Induction:** |  |
| **DETAILS OF INDUCTION UNDERTAKEN (Activities below are examples only)** | | | |
| **DATE** | **ACTIVITY** | | **Yes/No** |
|  | *Pre-employment preparation – including Resume advice, interview techniques and career advice* | |  |
|  | *Attended GTO induction* | |  |
|  | *Worker rights and entitlements* | |  |
|  | *Workplace health and safety* | |  |
|  | *Hazard Identification* | |  |
|  | *Introduction to Local Government* | |  |
|  | *CPR and First Aid* | |  |
|  | *Workplace induction (site visit)* | |  |
|  | *Tools and Equipment safety induction* | |  |
|  | *Use of Technology / Digital skills* | |  |
|  | *Financial literacy – including timesheets, payroll* | |  |
|  | *Role-specific skills tailored to the stream of work e.g. admin stream may include modules from Cert II Business* | |  |
|  | *Other :* | |  |

## Confirmation of Hours:

I confirm the participant named above has undertaken the pre-vocational and workplace training activities marked above.

|  |  |
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| **Please state number of days (up to 10)** |  |

## GTO Declaration:

* I certify that all information recorded is accurate;
* I have evidence to support the information contained in this form.

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| --- | --- |
| **Name** |  |
| **Position** |  |
| **Date** |  |
| **Signature** |  |