## WEST KENT SPECIAL SCHOOLS

		Manager of the service
Employees Name		Start date
Job Title -	Date of Birth	
Home Address -	Telephone No:	S <del>t.</del>
		<del></del>
Qualifications		

## INDUCTION TRAINING - - prior to the commencement of work

	Date Undertaken	Employee Signature	Trainer Signature
Dress Code			
Fire Drill			
Hygiene			
Rules & Regulations			
Accident Reporting			
First Aid Facilities			

## **ESSENTIAL TRAINING**

	UNDERTAKEN			REVIEWED AND SATISFACTORY		
	DATE	DATE Signature Trainer Signature Employee	DATE	Signature Trainer Signature Employee	DATE	Signature Trainer Signature Employee
<u>1. HYGIENE</u> PERSONAL						
KITCHEN						
FOOD					_	
2. HEALTH & SAFETY FIRE PREVENTION						
сознн						
		UNDERTAKEN	2	REVIEWE	ED AND SA	ATISFACTORY