

Induction checklist: Child and family partners

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This checklist is designed to make sure key points are covered with New child and family partners. The checklist may be completed over the course of several face-to-face, phone and/or email conversations as required.

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| Child and family partner name | |
| Staff member responsible for partnership | |
| Project/task | |
| Manager's name | |
| Review date | |

| Discussion points | |
|--|-----------------------------------|
| Introduce yourself and your role (remember, this is about relationship building, so take time here to build rapport). | <input type="checkbox"/> Complete |
| Provide a brief overview of the organisation and its goals. | <input type="checkbox"/> Complete |
| Discuss the purpose and timeline of project/task. | <input type="checkbox"/> Complete |
| Outline the specific tasks the partner will be asked to be involved in (note that not all of these will be known to you at the start of a project). | <input type="checkbox"/> Complete |
| Provide the child and family partner with the opportunity to share how they are feeling about the work and about their experiences, and to ask any questions. | <input type="checkbox"/> Complete |
| Emphasise the importance of child and family partner wellbeing, including the self-care tip sheet and details of which staff they can contact for support or to provide feedback. The child and family partner understands that they can opt out when/if they need, and that they can resume their role anytime they feel ready to. | <input type="checkbox"/> Complete |
| Discuss confidentiality and privacy, as per organisational policies. | <input type="checkbox"/> Complete |
| Discuss remuneration and reimbursement rates and processes. | <input type="checkbox"/> Complete |
| If the child and family partner is from a culturally and linguistically diverse or First Nations community, make sure they are connected with appropriate cultural support. | <input type="checkbox"/> Complete |
| The child and family partner agrees to the extent of participation and timeline, while understanding they may withdraw at any time. | <input type="checkbox"/> Complete |
| Provide details of any other staff that may be important for the person to know at this stage (i.e. other staff they may be working closely with). | <input type="checkbox"/> Complete |

| Administration | |
|---|-----------------------------------|
| Schedule the next meeting. Ensure the child and family partner has everything they need to be prepared and knows who will be there and what will happen. | <input type="checkbox"/> Complete |
| The following documents have been provided as required during the project: <ul style="list-style-type: none"><input type="checkbox"/> Self-care tip sheet<input type="checkbox"/> Relevant background documents regarding the project or task<input type="checkbox"/> Relevant policies and procedures<input type="checkbox"/> Adult consent form (video or audio recording)<input type="checkbox"/> Child consent form (video or audio recording)<input type="checkbox"/> Evaluation form | |
| Staff member's signature | |
| Date | |