

Participant Orientation Checklist – C10

Participants Name:

1	<input type="checkbox"/> Confirm the need for Support Person / Advocate	9	<input type="checkbox"/> Consent Form
2	<input type="checkbox"/> Overview of Grow Support Inc.	10	<input type="checkbox"/> Information Collection, Privacy & Confidentiality
3	<input type="checkbox"/> Welcome Kit provided & discussed	11	<input type="checkbox"/> Feedback & Complaints
4	<input type="checkbox"/> Referral Form	12	<input type="checkbox"/> Behaviour Management & Incident Reporting
5	<input type="checkbox"/> Initial Intake Form	13	<input type="checkbox"/> Service Exit
6	<input type="checkbox"/> Participant Profile	14	<input type="checkbox"/> Participant Personal Inventory Form
7	<input type="checkbox"/> Participants Rights & Responsibilities Statement	15	<input type="checkbox"/> Service Agreement
8	<input type="checkbox"/> Participant Notification of Support Person Advocate Form	16	<input type="checkbox"/> Support Plan

Induction Notes

Key Points	Actions	Completed

Participant Induction Completed By:

Signature:

Date: