

Staff File Audit Tool

Staff Name

Date of Audit

1 File Includes

	Yes	No	N/A	Date of Document (if applicable)
a) Employee Record Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b) Employment Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c) Declaration to Maintain Confidentiality Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
d) Code of Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
e) Employee Details for Xero	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
f) Reference Checks (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
g) Copy of Resume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
h) Staff Induction Checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
i) Copies of Qualifications/Certificates (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
j) Copy of Vehicle Registration (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
k) Copy of Comprehensive Car Insurance (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
l) 100 Points of ID (Passport, Drivers Licence, Birth Certificate, Medicare Card)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
m) Worker Screening (NDIS Worker Screening, WWCC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
n) First Aid Certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
o) Completed NDIS Commission Module Certificates (4) (Check Training Register)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
p) Completed Annual Training Requirement Certificates (5) (Check Training Register)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

q) Performance Appraisal Form

☐☐☐

r) Correspondence

☐☐☐**2 General**

Yes

No

N/A

Date of Document (if applicable)

All entries in staff file are legible, signed and dated

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Name of Person Conducting Audit

Date

Role

3 Corrective Action Plan

Area for Improvement / Action Required

Allocated

Completed

Date

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All corrective actions have been undertaken, and file is complete.

Name

Designation

Signature

Date