

New Starter Survey

Employee Details

Question Title

1. Employee Full Name:

Question Title

2. Date of Commencement

Question Title

3. Date & Time of New Starter Survey Completion

Date / Time

Date

Time AM/PM

New Starter Survey

Onboarding

Question Title

6. Was day 1 a welcoming, friendly & professional experience?

Yes

No

Question Title

7. Were you introduced to your team & key staff?

Yes

No

Question Title

8. Were you provided with adequate information on systems & processes in a timely manner?

Yes

No

Question Title

9. Did your onboarding prepare you adequately to perform your role?

Yes

No

Question Title

10. Have you attended or are you booked in for a formal induction day?

Yes

No

Question Title

11. What information would you have liked included during your first week?

Question Title

12. What suggestions do you have that may improve the onboarding process?

New Starter Survey

Your Role

Question Title

13. Do you feel you have the knowledge and skills required to success in your new role?

Yes

No

Question Title

14. Are you clear on the expectations of your role?

Yes

No

Question Title

15. Do you have set goals and objectives and a Training Development Plan in place?

Yes

No

Question Title

16. What are you enjoying about your new role?

Question Title

17. What are your key challenges?

New Starter Survey

People Support

Question Title

18. Are you receiving adequate assistance to perform your role?

Yes

No

Question Title

19. Are you receiving regular feedback from your supervisor at your 1:1 meetings?

Yes

No

Question Title

20. Do you have regular meetings with your team?

Yes

No

Question Title

21. Do you feel that you are fitting in well with your team?

Yes

No

Question Title

22. Do you feel that your ideas are being heard & valued?

Yes

No

Question Title

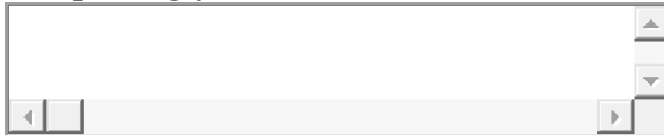
23. Have there been any challenges or uncomfortable situations with co-workers or clients?

Yes

No

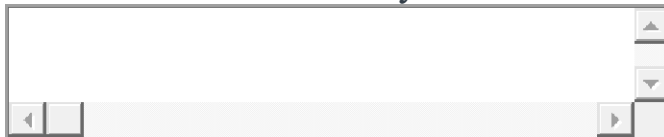
Question Title

24. Who/Where have you found the most helpful information to assist in completing your tasks?



Question Title

25. In what areas would you like more support?



New Starter Survey

Work Environment

Question Title

26. Do you have all the tools (software, workplace equipment, etc.) necessary to do your job?

Yes

No

Question Title

27. Do you have the correct levels of access to do your job?

Yes

No

Question Title

28. Do you have any WHS requirements/concerns?

Yes

No

Question Title

29. Additional comments

