

# Certificate of completion Introductory WHS Induction

*Awarded to:*

**Name:** .....

**Role:** .....  
*(eg consultant, volunteer, work experience)*

**Work unit:** .....

I have completed the Introductory Workplace Health and Safety induction and have read and understood:

- My obligations as required by the University's [Code of Conduct](#);
- My workplace health and safety responsibilities. In particular, I agree to:
  - Comply with any reasonable instruction given by the University to enable compliance with the relevant legislation;
  - Participate in any activity such as emergency drills, workplace safety inspections etc which allow the University to meet its legislative obligations;
  - Take reasonable care for my own health and safety and the health and safety of other people in the workplace; and
  - Cooperate with any reasonable University policy or procedure relating to Workplace Health and Safety.

I also understand the emergency evacuation procedures that apply to my work area.

**Signature:** ..... **Date:** .....

*The signed certificate is to be handed to your Supervisor/Manager on your first day, together with your other documentation required.*