



# Regional Orientation (RO) Registration Form

## Manager/Designate to Complete

Employee Name: _____	Position/Title: _____
Employee ID #: _____	Union: _____
Home Phone #: _____	Department/Unit: _____
Facility/Program: _____	Start Date: _____
Manager/Designate: _____	Site Contact Name: _____
Preferred RO Date: _____	Site Contact Phone #: _____

- **Regional Orientation Registration for ALL SITES** - Manager or designate to **email** notification of new hire to [RegionalOrientation@southernhealth.ca](mailto:RegionalOrientation@southernhealth.ca), **OR fax** to the Staff Development Regional Office @ (204) 822-2649. The form will be emailed to the site contact listed above, with confirmation of designated orientation session.
- **Manager/designate** to notify new staff member providing them with a completed copy of this form.

## Regional Staff Development to Complete

Employee is registered to attend Regional Orientation as follows:

RO Date: _____	RO Location: _____
SD Designate: _____	Date Completed: _____

**Time: 8:15 a.m. - 4:30 p.m. approximately.** Bag lunch optional. Cafeteria located on site. Lunch costs will **not** be reimbursed.

## Manager/Designate please forward applicable registrations for VPP/SCHIPP to your site designate

- Violence Prevention Program (Applicable to all Staff working with clients/Staff working in client care areas - recertification every 3 years)
- Safe Client Handling and Injury Prevention Program (SCHIPP) (Applicable to all Staff working with clients/Staff working in client care areas)

## New Staff Please Note

- Attendance at RO is **mandatory**. Site/unit/program orientation will be held separately.
- Call your manager / supervisor in **advance** if unable to attend. You will be rescheduled.
- In the event of inclement weather, the staff member should telephone the hospital reception desk at 7:00 a.m. to confirm the session: PDGH (204) 239- 2211, BTHC (204) 331-8800, BRHC (204) 326-6411. Alternatively, the staff member can call the Staff Development line (204) 422-3106 to check for weather related cancellations.
- Length of session may vary. Plan for adjournment at approximately **4:30 p.m.**
- Record mileage at\_\_\_\_/km (as per union contract) on the expense claim form provided at the RO session.
- Submit the expense claim form to the RO facilitator.
- **Travel time** will be paid as per your Collective Agreement.
- Wherever reasonable - arrangements for **carpooling** will take place at program and/or site level.
- **Home Care and Community Mental Health Proctor employees** record session as **code 31** on timesheet.