





NEW STARTER INFORMATION CHECKLIST

COLLABORATOR

| Please complete and return the following documents |
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| Collaborator Access Application Form |
| New Starter Information Checklist (i.e. this form) |
| Emergency Contact |
| Application for JR Hospital ID |
| Starting Work at the MRC WIMM |
| Personal Induction |
| |
| Please read the following document before you start at the WIMM |
| Run Hide Tell – Incident Information Sheet |
| WIMM Safety Manual |
| I confirm receipt of the above information. |
| Sign |
| Name (please print) |
| Date |