

Shamrock Assist

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ASSESSMENT FORM

DOCTOR NAME	Tayyab Anwar
POSITION	Paeds SHO
IMCR NO	412053
DATE	9 th Dec 2022

The above named Doctor has recently been placed under your supervision for a locum position. As part of our follow up after care programme, we would greatly appreciate if you could provide us with a follow up assessment for the doctor's time spent at this GP. Please could you complete and return this reference at your earliest convenience to assist this locum.

Please note that this information may be used as a reference for future locum placements.

Criteria	Excellent	Good	Average	Poor
Academic Knowledge		✓		
Clinical Ability		✓		
English Spoken		✓		
English Communication		✓		
Attendance		✓		
Punctuality		✓		
Rapport with Patients		✓		
Rapport with Staff		✓		
Medical Records		✓		

Would you be happy to receive this doctor again for a locum position?

(Please circle relevant option)

Yes

No

Unsure

If so, do you know of any future dates, which this locum maybe required?

NO

Please feel free to make any additional comments, which you feel will be helpful to us i.e. any training needs you have identified.

Consultant Name: Dr Farukhanga

Clinic Name: MRHP Portlaoise

Speciality: Paediatrics

Signature: [Signature]

Tel: 057 8696182

Once completed please scan and email us.

Or Fax to: 01 685 2538

SRA Locum – 13 Upper Baggot St, 2nd floor, Dublin 4.

Email: info@sralocum.com