Shamrock Assist

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ASSESSMENT FORM

DOCTORNAME	YASIR IQBAL			
POSITION	EMERGENCY MEDICINE SHO			
IMCR NO	412195			
DATE	11/7/22 - 8/1/23			

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	V			
English Spoken		~		
English Communication				
Attendance				
Punctuality				
Rapport with Patients				
Rapport with Staff		V		
Medical Records	V			

Would you be happy to receive this doctor again for a locum posi (Please circle relevant option) Yes	ition? No Unsure	
If so, do you know of any future dates, which this locum maybe re	equired?	
Please feel free to make any additional comments, which you fee identified. Good, Professional Doctor.	will be helpful to us i.e. any training need	ds you have
Consultant Name: MUHAMMAD KANClinic Name: MI	IDLANDS REGIONAL HOSP	ital. Mullinga
Speciality: Accident o Emergency Signature: Tel: 0894334254 Please return to	Accident & Emergency	
Tel: 0894334254 mulla	Midlands regional de Bitab	hre ie
Post: 2 nd Floor, 13 Upper Baggot St, Dublin 4	27 MAR 2023	
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