SRA Locum

2nd Floor, 13 Baggot St Upper, Dublin 4, D04 W7K5 W: www.sralocum.com E: info@sralocum.com

P: 01-6854700 & 01-6994321

Fax: 01-6852538



ASSESSMENT FORM

DOCTOR NAME	Dr. Abdullah
POSITION	Medical Consultant
IMCR NO	412085
DATE	24th April 2023

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
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Clinical Ability	~			
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Would you be happy to receive this		locum position?			
(Please circle relevant option)	(Yes)	No		Unsure	
If so, do you know of any future da	tes, which this locu	ım maybe require	ed?		
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Please feel free to make any addition	onal comments, wh	ich you feel will	be helpful to us i.e	e. any training need	s you
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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