

Shamrock Assist

2nd Floor, 13 Baggot St Upper,

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P: 01-6854700 & 01-6994321

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ASSESSMENT FORM

DOCTOR NAME	
POSITION	
IMCR NO	
DATE	

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?

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: _____

Clinic Name: _____

Speciality: _____

Signature: _____

Tel: _____

Please return to

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