

Shamrock Assist

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ASSESSMENT FORM

DOCTOR NAME	Muhammad Moazzam Goleen
POSITION	Registrar
IMCR NO	41633
DATE	19/03/2011

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: Dr FARUKHANDA

MOHAMMAD

Clinic Name: _____

Speciality: PAEDS

Signature: _____

Tel: _____

Please return to

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