

Shamrock Assist

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ASSESSMENT FORM

DOCTOR NAME	ELSHAZALI SHARIF
POSITION	Med registrar
IMCR NO	412406
DATE	12/04/2022

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?

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: M. Hussein Muhammad Hussein

Clinic Name: _____

Speciality: Gen Med

Signature: M. Hussein

Tel: 0494376000

Please return to

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CAVAN GENERAL HOSPITAL

12 APR 2022

ADMINISTRATION DEPT