

Shamrock Assist

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**ASSESSMENT FORM**

| | |
|-------------|-------------------------------|
| DOCTOR NAME | Dr. Khalid Ibrahim Abd Elbagi |
| POSITION | GP |
| IMCR NO | 021624 |
| DATE | 27th July 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: Dr. Khalid Ibrahim Abd Elbagi

Clinic Name: Shannon Medical Practice

Speciality: GP

Signature: [Signature]

Tel: 01-6854700

Please return to

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