

Shamrock Assist

2nd Floor, 13 Baggot St Upper,
Dublin 4, D04 W7K5
W: www.shamrockassist.com
E: info@sralocum.com
P: 01-6854700 & 01-6994321
Fax: 01-6852538



ASSESSMENT FORM

DOCTOR NAME	IMTISHAM MALIK
POSITION	SHO
IMCR NO	410284
DATE	3/6/21

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)

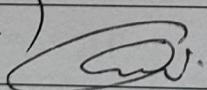
Yes

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.

(HAFIZ ANIS)
Consultant Name: 

Clinic Name: _____

Speciality: MEDICINE

Signature: _____

Tel: _____

Please return to

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ASSESSMENT FORM

DOCTOR NAME	HAFISSAH MALIK
POSITION	SMO
IMCR NO	410284
DATE	10/6/21

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.

Registrar

Consultant Name:

Dr. Kalthum
Elhito

Clinic Name:

Speciality:

General internal
medicine
& Endocrinology

Signature:

Tel:

Please return to

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