



### ASSESSMENT FORM

DOCTOR NAME	Zaheem Siddique, <b>FAREHA AMIN</b>
POSITION	Anaesthesia Registrar <b>MEDICAL SHO</b>
IMCR NO	415404, <b>429101</b>
DATE	1st April 2022 ~ <b>11-15 April 2022</b>

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?

*Not sure*

Please feel free to make any additional comments, which you feel will be helpful to us i.e. any training needs you have identified.

*Excellent (Enthusiastic) Young doctor*

Consultant Name:

*AMJAD AG*

Clinic Name:

*MRHP*

Speciality:

*Medicine*

Signature:

*[Signature]*

Tel:

*083 815 8073*

Please return to

Post: 2<sup>nd</sup> Floor, 13 Upper Baggot St, Dublin 4

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Fax: 01-6852538

Email: [info@sralocum.com](mailto:info@sralocum.com)