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	Abdullah Elbashir	
POSITION	ED REG	
IMCR NO	415371	
DATE	30th Aug 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	_		7.1.01.080	1 001
Clinical Ability		~		
English Spoken				
English Communication				
Attendance				
Punctuality				
Rapport with Patients		1		
Rapport with Staff				
Medical Records		V		

Would you be happy to receive this doctor again for a locum position? (Please circle relevant option) Yes No Unsu	re
If so, do you know of any future dates, which this locum maybe required?	27
Please feel free to make any additional comments, which you feel will be helpful to us i.e. any identified.	training needs you have
Consultant Name: NIALLO'CON NR Clinic Name: ED ON LADY Speciality; EMERGENCY Signature: Nell Vann Tel: 047974500 Lxl 4791	of Loundes.

Please return to

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