

Shamrock Assist

2nd Floor, 13 Baggot St Upper,
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E: info@sralocum.com
P: 01-6854700 & 01-6994321
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ASSESSMENT FORM

DOCTOR NAME	BURHAN ULLAH
POSITION	SHO
IMCR NO	410285
DATE	10/12/2021

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: M. MALIK

Speciality: Endocrine

Tel: 0899898723

Clinic Name: MEDICAL TEAM

Signature: [Signature]

Please return to

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