

# Shamrock Assist

2<sup>nd</sup> Floor, 13 Baggot St Upper,

Dublin 4, D04 W7K5

W: [www.shamrockassist.com](http://www.shamrockassist.com)

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

P: 01-6854700 & 01-6994321

Fax: 01-6852538



## ASSESSMENT FORM

DOCTOR NAME	AYESHA AHMED
POSITION	SHO
IMCR NO	429060
DATE	08/02/21

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.

Consultant Name: DR. H. A. AHMED

Clinic Name: \_\_\_\_\_

Speciality: Medical Practice

Signature: \_\_\_\_\_

Tel: 084-4348746

### 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)