

Shamrock Assist

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P: 01-6854700 & 01-6994321
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**ASSESSMENT FORM**

DOCTOR NAME	MUHAMMAD YASIR BAKASH
POSITION	REGISTRAR ED
IMCR NO	414825
DATE	18/01/23

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.

Satisfactory.

Consultant Name: ABDUL REHMAN KHAN Clinic Name: REHMAN KHAN
Speciality: EMERGENCY MEDICINE Signature: [Signature]
Tel: 087 9124043

Please return to

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