Shamrock Assist

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ASSESSMENT FORM

DOCTOR NAME	DR AZIA SYNEEM
POSITION	Sir Lucy VI.
IMCR NO	(1768LiLi
DATE	1872

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	V			
English Spoken	V			
English Communication	V			
Attendance	V			
Punctuality	V			
Rapport with Patients	V			
Rapport with Staff				
Medical Records				

Medical Records					
Would you be happy to receive this d (Please circle relevant option)	octor again for a	locum position? No	Un	sure	1
If so, do you know of any future date	d for	toronhan	Medica	1 July + 9	tugas h
Please feel free to make any addition identified. MA	al comments, wh — WAD — MAN	ich you feel will b	e helpful to us i.e. a	ny training needs y	ou have
Consultant Name: Du Pun	Clinic N	ame:	Y	- TYOICVC 24V	
Speciality: Speciality:	Signatu	ıre:	h 70 \ X		
Please return to	HACE		hwrasje	V	

Dr. Thomas Prior

Farnham Medical Fra

Cavan GMS: 75836 I.M.C. 14781 DFSA: 13607

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