

FEEDBACK - LOCUM

Locum Name: _____

Practice Name: _____

General Practitioner Name: _____

Start Date: _____ End Date: _____

Please rate the following questions on a scale of 1 to 5 by circling the appropriate response:

How would you rate the handover that you received from the practice?

1 2 3 4 5
Poor Fair Satisfactory Good Very Good

Was there any information that you required, that was not given in the handover? Yes No

If yes, please explain briefly:

Please rate the support received from the Practice staff or other General Practitioners.

1 2 3 4 5
Poor Fair Satisfactory Good Very Good

How would you rate the accommodation provided for this assignment?

1 2 3 4 5
Poor Fair Satisfactory Good Very Good

In terms of expectation, how do you feel you performed clinically at this practice?

1 2 3 4 5
Did not meet Partially met Met Expectations Exceeded Expectations Outstanding
Expectations expectations

Did you have access to a Practice Manual? Yes No

Did you have access to a vehicle when necessary? Yes No

Did you receive prompt payment for your services? Yes No

Did you receive agreed payment for your services? Yes No

Were you required to see patients in a hospital setting? Yes No

Would you do a locum at this practice again? Yes No

Other comments: _____

I understand that the information provided will be treated as confidential and that it is not intended for use as a performance review. The information will be used to review the whole of the locum provision scheme and to detect concerns and sensitivities within the scheme. I agree that this information may be used for evaluation purposes provided my name and identifying information are not used.

Signature of Locum: _____ Date: _____

Please return Feedback Form to: Rural Health West, PO Box 433, Nedlands WA 6909
Telephone: (08) 6389 4500 Facsimile: (08) 6389 4501. Feedback Forms are also available on
RHW website <http://www.ruralhw.com.au>