

Care 24/7 Healthcare Limited appreciate all feedback and ask that you take 5 minutes to complete the form below. You can post, fax, email or return it with the Agency Worker.

If you would prefer to speak to someone then please either fill in a feedback form on the Care 24/7 Healthcare Limited website and a member of the Quality Assurance Team will call you or speak to one of us on 01323 370232.

| | | | | |
|---|------------------------------|----------------------------|--------------|-----------|
| Client Name: | Ward (if applicable): | | | |
| Candidate Name: | | | | |
| Assignment Date(s): | | Assignment Time(s): | | |
| Role: | | | Band: | |
| The Temporary Worker's overall performance (please highlight) | Unsatisfactory | Satisfactory | Good | Excellent |
| The Temporary Worker's overall conduct / behaviour (please highlight) | Unsatisfactory | Satisfactory | Good | Excellent |
| Relevant Professional and Regulatory Body's standards of conduct, performance and ethics (please highlight) | Unsatisfactory | Satisfactory | Good | Excellent |
| | Weak | Average | Good | Very Good |
| Helpfulness | | | | |
| Clinical Skill | | | | |
| Skill Level | | | | |
| Punctuality | | | | |
| Appearance | | | | |
| Preparation for the Shift (i.e. Watch) | | | | |
| Record Keeping | | | | |
| Patient Interaction | | | | |
| Team Interaction | | | | |

Does this Temporary Worker have any training needs that you have identified?

Please describe any issues or concerns

For example, where the Temporary Worker may **not** have provided a high standard of practice and care at all times

| Form completed by | | |
|-------------------|--|------|
| Name | | |
| Title/role | | Band |
| Contact details | | |