

LOCUM EVALUATION OF PLACEMENT

To help improve the service we provide, please rate your experience with NZLocums and return this evaluation form to NZLocums.

Your name:

Practice name:

Dates worked:

1	Did the practice provide a thorough orientation at the beginning of your placement?	Yes	No
Comment			
2	Did the practice provide you with a practice profile?	Yes	No
Comment			
3	Did the practice prepare you to deliver culturally appropriate services to the patients at the practice?	Yes	No
Comment			
4	Did you feel welcomed and well supported in your first weeks at the practice?	Yes	No
Comment			
5	How adequate was the practice in the following areas? Please rate your experience by circling the most relevant category.		
Practice process and protocols		Poor	Adequate
Computer system and notes		Poor	Adequate
How well was the practice set up to support Maori patients and other ethnic groups?		Poor	Adequate
How well were you supported by the practice GPs?		Poor	Adequate
How well were you supported by other practice staff?		Poor	Adequate
Comment on above if 'Poor' is selected and any information we may need to be made aware of.			
6	Were you asked to undertake any work that was not agreed to in your contract?	Yes	No
Comment			

7	How many patients did you see a day?		
Comment			
8	Did you feel the workload was manageable?	Yes	No
Comment			
9	Did the provided accommodation meet your expectations?	Yes	No
Comment			
10	Did the practice provide you with a vehicle of an appropriate standard?	Yes	No
Comment			
11	Would you recommend this practice to other locums?	Yes	No
Comment			
12	If you would like to provide a testimonial about this practice, please do so here (optional). By doing so you give your consent for us to share this via our marketing literature.		
Comment			
13	How could NZLocums have improved our services?		
Any other comments not covered above.			

CONFIDENTIALITY & PRIVACY - The Privacy Act (1993) requires that I ask you the following questions.

Although the information in this evaluation report is not automatically released to the practice, do you give your permission to release the information in this report to the practice if requested?	Yes	No
Do you give your permission to release the information in this report to third parties should this be requested by the practice?	Yes	No

Signature:..... **Date:**.....

Thank you for taking the time to complete this evaluation. Your feedback helps us to continually improve our services to locums and practice. Please return to:

NZLocums
Post: PO Box 547,
Wellington
Fax: 64 4 472 0904
Email: enquiries@nzlocums.com