

## LOCUM EVALUATION OF PLACEMENT

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

Your name:.....

Practice name: .....

Dates worked: .....

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

<b>Comment</b>			
<b>7</b>	How many patients did you see a day?		
<b>Comment</b>			
<b>8</b>	Did you feel the workload was manageable?	<b>Yes</b>	<b>No</b>
<b>Comment</b>			
<b>9</b>	Did the provided accommodation meet your expectations?	<b>Yes</b>	<b>No</b>
<b>Comment</b>			
<b>10</b>	Did the practice provide you with a vehicle of an appropriate standard?	<b>Yes</b>	<b>No</b>
<b>Comment</b>			
<b>11</b>	Would you recommend this practice to other locums?	<b>Yes</b>	<b>No</b>
<b>Comment</b>			
<b>12</b>	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.		
<b>Comment</b>			
<b>13</b>	How could NZLocums & NZMedJobs have improved our services?		
<b>Any other comments not covered above.</b>			

**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?	<b>Yes</b>	<b>No</b>
Do you give your permission to release the information in this report to third parties should this be requested by the practice?	<b>Yes</b>	<b>No</b>

**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 & NZMedJobs**  
**Post: PO Box 547,**  
**Wellington**  
**Fax: 64 4 472 0904**  
**Email: [enquiries@nzlocums.com](mailto:enquiries@nzlocums.com)**