

## PRACTICE EVALUATION OF NZLOCUMS & NZMEDJOBS

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

Name:

Practice Covered:

Date:

	Unacceptable	Poor	Adequate	Good	Excellent	N/A
1) Did NZLocums & NZMedJobs understand your requirements?	1	2	3	4	5	
2) Did NZLocums & NZMedJobs meet/exceed your requirements?	1	2	3	4	5	
3) Were questions/queries responded to in a timely and efficient manner?	1	2	3	4	5	
4) Did NZLocums & NZMedJobs explain the billing process in an efficient manner?	1	2	3	4	5	
5) How effective was the billing process?	1	2	3	4	5	
6) Did NZLocums & NZMedJobs explain/describe our recruitment process?	1	2	3	4	5	
7) Overall service of the NZLocums & NZMedJobs team	1	2	3	4	5	

If our service did not meet your expectations, please give details:

We are continually seeking to improve our services, if you have any suggestions on how we can do this please let us know:

Additional comments:

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

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