



FEEDBACK FORM

Name	
Title / Position	

	Med-Co	Locum	Surgery	Prison	MOD base	OOH provider	Other
I am providing feedback on: (please tick)							
Name of Locum or Address of Client:							

Please complete the following to give feedback on Med-Co

	Excellent	Above Average	Average	Below Average	Unacceptable
Friendliness & courtesy staff					
Speed and efficiency of recruitment service					
Quality of information supplied					
Quality of support during assignment					
Quality of payment procedures					
Would you be happy to use Med-Co again in the future?	Yes	No			

Please complete the following to give feedback on a Locum

	Excellent	Above Average	Average	Below Average	Unacceptable
Administration					
Judgment and Patient Management					
Practical Skills					
Clinical Knowledge					
Computer Literacy					
Reliability					
Time Keeping					
Colleague / Patient relationships					
Communication Skills					
Appearance					
Manners					
Would you recommend this locum to other clients?	Yes	No			
Would you use this locum again?	Yes	No			

Please complete the following to give feedback on a Client

	Excellent	Above Average	Average	Below Average	Unacceptable
Friendliness & courtesy of patients & Staff					
Standard of equipment					
Practice computer system					
Information given on Patients					
The amount of patients expected to see in time allowed					
Parking at practice					
How does this surgery compare to others?					

May we use your comments on our website or other promotional literature?	Y	N
Would you like to be kept informed of Med-Co training and promotional events?	Y	N
Any comments?		
Signed		
Print Name		
Date		