

Once Completed, you can send this form back to us by:

Fax: 01908 810 248

Email: nursing@tnamedical.co.uk

Post: TNA Medical, 3a Opal Court, Eastlake Park,
Fox Milne, Milton Keynes. MK10 0DF

Workers Name: _____

Speciality/Band: _____

Hospital/Work Location: _____

Ward: _____

Date: _____

_____ / _____ / _____

Thank you for taking the time to complete this form. TNA Medical will use this form to monitor the quality of our staff, conduct appraisals and maintain standards of compliance.

Clinical Skills	Less than Satisfactory	Satisfactory	Good	Very Good	N/a
Delivery of Basic Nursing Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Skills/ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Communication	Less than Satisfactory	Satisfactory	Good	Very Good	N/a
Communication with other staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handover of Patient Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication with patients & relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Maintaining Trust	Less than Satisfactory	Satisfactory	Good	Very Good	N/a
Professional Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timekeeping and Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any Other Comments? :

Completed by:

Position:

Signed:

Date:

Would you be happy to have this worker back on assignment in the future? (PLEASE CIRCLE)

YES

NO