

Staff Appraisal Form

*Fields marked with an asterisk are required.

Your cooperation in filling out this appraisal is appreciated, as we have no other way to assess our staffs' performance and assess training requirements.

This also helps us to maintain the high standards we have set for ourselves and ensures you as the client are satisfied with the service we provide.

Could you please complete and save the form and then click the submit button (this will send us an email) or print this page and send completed form via fax.

Nurses Information

Nurses Name*:

Shift Date*:

Time*:

Area/Specialty:

Classification:

Did this staff member arrive on time?

Was this person dressed appropriately?

Wearing a Night&Day Badge?

Comment if "No" for either:

Was a "hand over" provided at the beginning of the shift?

Was the person paired with a regular worker from your facility?

Are you strictly NO LIFT?

Is all the necessary equipment provided?

Our nurses are employed on a strictly **NO LIFT** condition. Please consider this when indicating competency below.

Tick the appropriate responses

	Highly Competent	Above Average	Average	Below Average	Unsatisfactory
Attitude towards patients					
Adaptability to work situation					
Clinical Knowledge					
Quality of Work					
Drug Knowledge					
Communication (verbal & written)					
Transferring ability and knowledge					
Co-operation with other staff					
Time management					
Overall assessment of work performance					

Provide suitable comment:

Facility Details

Care Facility Name:

Date:

Your Name:

Position:

Your Email Address:

Did you work with the nurse on the shift?

Would you like to have this nurse return?