**This template can be adapted for use by a Medical Workforce Unit. It is a document that may be completed by a Locum Medical Officer to provide feedback to a Medical Workforce Unit and a Medical Locum Agency at the conclusion of a placement.**

**This document is provided in Microsoft Word format on the NSW Health Locum web pages at http://www.health.nsw.gov.au/business/locums**

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| --- | --- |
| **Locum Medical Officer name:** |  |
| **Placement facility and department:** |  |
| **Placement role / position:** |  |
| **Placement date/s:** |  |

|  |  |  |
| --- | --- | --- |
| **Did you receive pre-placement and/or orientation information relating to this placement?** | **Yes** | **No** |
| **Did you receive orientation upon arrival?** | **Prior** | **On arrival** |
| **Was the orientation written and/or verbal?** | **Written** | **Verbal** |
| **How would you rate the quality of the pre-placement and/or orientation information?** | **High** | **Low** |
| **Did the facility staff make you feel welcome?** | **Yes** | **No** |
| **Were there sufficient resources to assist you to do your job properly?** | **Yes** | **No** |
| **If not, please explain:** |
| **Did you receive sufficient supervision, guidance and support during this placement?** | **Yes** | **No** |
| **If not, please explain:** |
| **Have you received feedback on your performance during this placement from your supervisor or Department Head?** | **Yes** | **No** |
| **Would you elect to return to this facility for future placements?** | **Yes** | **No** |

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| **Is there anything else you would like to tell us?** |
|  |

**Please return this form to the Medical Workforce Unit at (address):**

**Alternatively, you may provide your feedback online at www.surveymonkey.com/xxxxxxx**