



ASSESSMENT FORM

Candidate Name:						
Organisation:			Ward/Department:			
Employment Dates - From:			Employment Dates - To:			
<i>Please tick as appropriate</i>	<i>Unable to Comment</i>	<i>Poor</i>	<i>Satisfactory</i>	<i>Good</i>	<i>Very Good</i>	<i>Excellent</i>
Clinical skills demonstrated in line with the requirements of the position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with patients, other healthcare workers and members of the public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time keeping and management of work load.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient records and other records management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessor's Name:		In order to Validate Assessment Form, Please Provide Official Stamp, Signed Compliment Slip or Official Letter Head Paper.
Assessor's Signature:		
Position:		
Date:		

MAXIM CARE SERVICES

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