

Devonshire House, 582 Honeypot Lane, Stanmore, Middlesex, HA7 1JS PHONE NO: 020 8906 2001 FAX: 020 8905 6728 LICENSED BY CARE QUALITY COMMISSION Registered in England NO 3414273







				20	Member UKASS OB3
In order to assist with staff appraisal, ong	oing personal development and	d service review.	It is necessary to co	mplete the performance/evalu	ation form.
Please tick the relevant box including any NAME	additional comments you might	t like to add.			
HOSPITAL / WARD					
GRADE: A2 B3 (Please circle where appropriate)	C4	D5	E6		
				1	
		1	Very Good	Good Acceptable	Poor
Manual skills in performance and procedures (including clinical skills e.g. BP, Temperature, Respiration, Saturation, Pulse					
Ability to work without supervision					
Ability to work in a team					
Communication with team members					
Skills and understanding of client's needs					
Ability to follow policies and procedures					
Appearance					
Attitude/Behaviour					
Communication with Patient					
Hygiene					
Intelligence/Adaptability					
Punctuality and Dependable					
Interpersonal Skills					
Comments					
Print Name				Signature	
Position Date // Date // Date					
Official ID Stamp					