

Angels Nursing Agency Victoria (ANAV) encourages our service facilities to provide us feedback for our staff in order to further improve our services. We would appreciate your time in completing this short feedback form.

Name of Staff: _____ Staff ID Number (if known): _____

Name of Facility: _____ Section: _____

Date of Shift: _____ Time of Shift: _____ to _____

	EXCELLENT	GOOD	NEEDS IMPROVEMENT	UNSATISFACTORY
Behavior With Patients				
Professional Knowledge				
Communication Skills				
Decision Making Skills				
Emergency Handling				
Documentation Skills				
Hygiene Consciousness				
Lift/Manual Handling				
Punctuality				
Relationship with other staff				
Time Management				
Work Efficiency				
Clinical Issues				
Presentation – Uniform, ID				

COMMENTS/INCIDENT:

Would you like us to send this staff again to your Facility?

YES

NO

If No, would you consider this staff after extra training?

YES

NO

Your Name: _____

Date: _____

Signed: _____

Position: _____

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