



Candidate Feedback Form

Candidate Name		
Job Title/Band		
Place of Work		
Ward/Department		
Dates of Employment	From:	To:

Please comment on the following

Poor

Good

Excellent

	Poor	Good	Excellent
Reliability			
Professional Attitude/Standards			
Clinical Skills/Abilities			
Patient Handling			
Ability to work as part of a team			

Additional Comments:

Name.....

Signature.....

Position.....

Date.....

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Please stamp here or sign here